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ABSTRACT

This report describes the results of a statewide assessment of the needs of Oregonians with disabilities. The study was conducted between December 1990 and March 1991. Data were gathered via town meetings attended by over 300 Oregonians, interviews with representatives of state agencies and consumer advocacy groups, and questionnaires completed by more than 1,300 Oregonians. People described what they need to be full participants in their communities and told about barriers that limit them. Survey data showed a consistent set of unmet needs and barriers to services, with fairly uniform results across regions, ages, and genders. The needs of people with disabilities and desired changes in the service delivery system included: (1) services that are designed to help them find, get, and keep jobs; (2) information and access to assistive technology; (3) information about vocational rehabilitation services and resources; (4) services that provide funds to pay bills until work is found; (5) removal of physical barriers; (6) services designed and delivered from a consumer perspective and with consumer involvement; (7) a public awareness and education effort to let people know the capabilities of people with disabilities; (8) a service delivery system that is flexible and responsive to their individual needs; and (9) leadership that is enthusiastic and instilled with a vision of the future role of the Oregon Vocational Rehabilitation Division. Appendices contain copies of questionnaires and detailed survey data. (JDD)

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CHALLENGE FOR THE FUTURE:

A STUDY OF THE NEEDS OF OREGONIANS WITH DISABILITIES

CONDUCTED FOR:

THE VOCATIONAL
REHABILITATION DIVISION

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WILLIAM FINK, Ph.D.

1991

EC 301 472

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Challenge for the Future ... A Study of the Needs of Oregonians with Disabilities

Conducted For:
The Vocational Rehabilitation Division

By Paradigm Systems

Meredith Brodsky, Ph.D.
Darla Wilson, M.A.
William Fink, Ph.D.

1991

Acknowledgements

This description of the needs for employment and related support would be empty without the contributing voices of so many Oregonians and their parents and friends. We thank them for their support and interest in this project.

This project also required the assistance and expertise of a number of skilled people. They traveled throughout Oregon and conducted the Town Hall Meetings. They helped with interviews and the dissemination of questionnaires. We are grateful for the time they spent and for their commitment to the project.

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I. Executive Summary

This report describes the results of a statewide assessment on the needs of Oregonians with disabilities. The study was conducted for the Vocational Rehabilitation Division and took place between December 1990 and March 1991.

Information for the report is based on a multiple perspective approach. "Town Hall Meetings" took place in communities throughout the State and were attended by more than 300 Oregonians. Interviews were conducted with representatives of more than eighty consumer advocacy groups and state agency personnel. Written questionnaires were completed by more than 1,300 Oregonians including people with disabilities, parents of children with disabilities, VRD-contracted service providers, and VRD counselors.

People described what they need to be full participants in their communities and they also talked about the barriers that limit them. The results show clear patterns of needs that cut across age groups and areas of the state. This information was organized into nine major categories. The needs of people with disabilities and the changes they want in the services delivery system include:

Services that are designed to help them find and get jobs, then help them keep those jobs;

Information and access to assistive technology that will help them work and live with greater self-reliance;

Information about VRD services and resources available through other agencies;

Comprehensive services that provide funds to pay bills until work is found and work-related community support that enables them to keep a job once it is obtained;

The removal of physical barriers to transportation, housing, and general access to their communities;

Services that are designed and delivered from a consumer perspective and with consumer involvement;

A public awareness and education effort to let people know the capabilities of people with disabilities;

A service delivery system that is flexible and responsive to their individual needs; and

Leadership that is enthusiastic and instilled with a vision of the future role of VRD.

I have muscular dystrophy. I was diagnosed in 1970 when I was twenty years old. Progression of the disease has been very slow, but now, twenty-one years later, I use a manual wheelchair. I no longer can walk. I have applied for and received VRD services. My counselor has always been very helpful and sincere. If the service was available and I qualified, I then received the service in a timely manner. I am working about twenty-five hours a week at a local pharmacy, doing bookwork and billing. I also volunteer one afternoon a week at a crisis pregnancy center. I have plans at this time to return to school to work on a master's degree in counseling psychology. It is very important that high school counselors and college advisors know about VRD and its services and that they share information about VRD in a positive and encouraging way. Many people would then have more hope for their future.

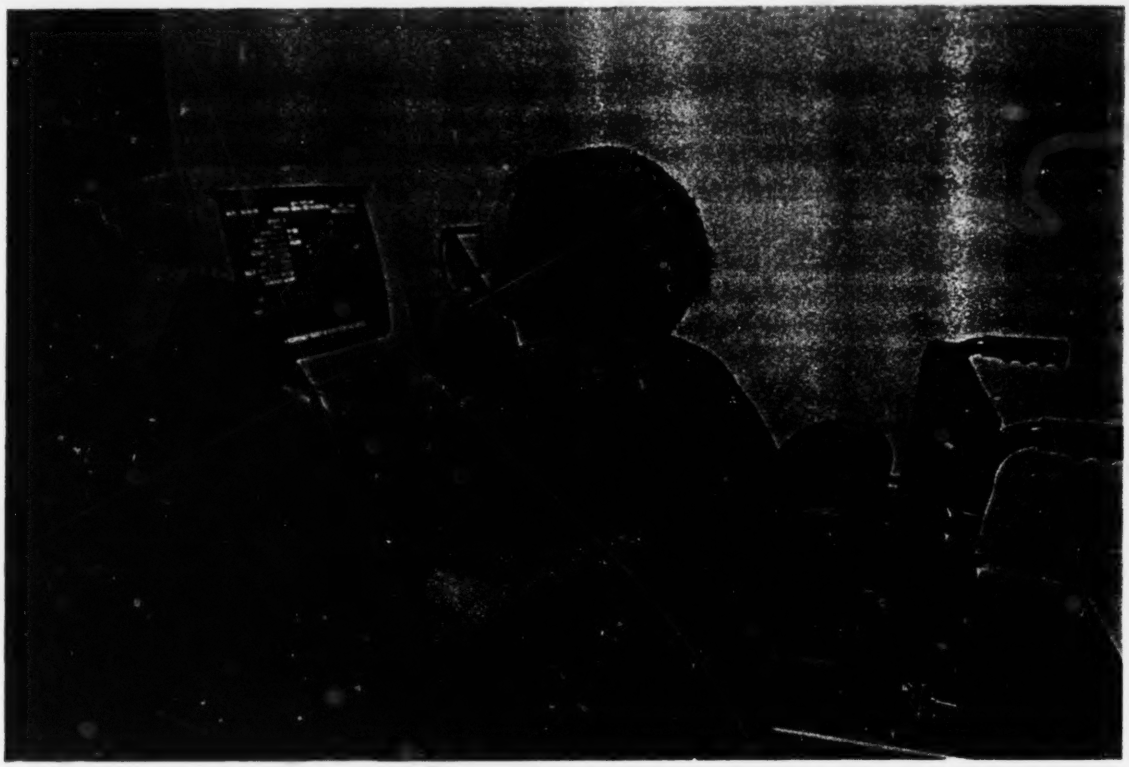
Marilyn Green
Consumer

II. Introduction

In November 1990, the Oregon Vocational Rehabilitation Division (VRD) funded a statewide needs assessment of Oregonians with disabilities. Their purpose was to determine the service needs of consumers and potential consumers of VRD services and to develop a service delivery plan for addressing those needs. This report summarizes the needs of the Oregonians who participated and presents recommendations to the Vocational Rehabilitation Division for addressing those needs.

Many people participated in the gathering of information. They talked about their hopes and expectations for a better life and about what they needed to realize it. They spoke in voices that were reflective, impatient, and sometimes angry. The information in this report includes both their needs and their experiences with Oregon's vocational rehabilitation system. It is a vocational rehabilitation system that, like any modern business, is trying to adapt to the societal forces that shape the needs, demands, and expectations of its customers.

During the six months of the project, Paradigm Systems scheduled and facilitated "Town Hall Meetings" on the unmet needs of people with disabilities. The meetings were attended by over 300 people in communities throughout Oregon. Project staff interviewed over 80 representatives of state agencies and advocacy groups. In addition, nearly 5,500 individual questionnaires were sent to VRD counselors and advocacy organizations throughout the state. Additional questionnaires were designed for and distributed to parents of transition-aged students, VRD counselors, and providers of VRD services.



I have had cerebral palsy since birth. I use an electric wheelchair for mobility and it is sometimes difficult for me to speak. I also use an electric typewriter. I am a data entry typist. I have a computer, a work station, a rol-o-lite, and a rol-o-lite light, all of which were purchased and paid for by VRD. I do not know how my counselors did it, but they worked very hard to find me this job.

Robert E. Jones
Consumer, Portland

III. Methods

Paradigm Systems, in cooperation with VRD and a needs assessment advisory committee, selected three methods for collecting the needs assessment data. This approach provided a rich picture of the needs of Oregonians from a variety of perspectives including:

"Town Hall Meetings" where facilitators used a structured group process to identify services needs;

Interviews with representatives of selected consumer advocacy groups and state agency personnel; and

Structured written questionnaires developed for working-age people with disabilities, parents of youth with disabilities, VRD-contracted service providers, and VRD counselors.

Town Hall Meetings Three hundred and seventeen people, throughout Oregon, participated in nineteen Town Hall Meetings. Sixteen of these meetings were open to the public (Figure 1). The three additional meetings were designed for participation by:

VRD Branch Office Managers
VRD Contract Service Providers
Interagency Coordinating Council for the Technology Access to Life Needs Project

Participants learned about the meetings through flyers, newspaper advertisements, and personal telephone invitations. About half of the people who attended the public Town Hall Meetings were receiving services from VRD and about half of the people who participated were on VRD waiting lists, did not know whether they were eligible for VRD services, or had applied for services and been determined not eligible.

The Town Hall Meetings followed a structured group process format known as the Technology of Participation (ToP) method. The ToP method was developed and refined by the Institute of Cultural Affairs and has been used throughout the world as a means of identifying a community's needs or problems, and planning solutions to them. The Institute of Cultural Affairs successfully used the ToP method to conduct town hall-type meetings in every county in the country, as part of the United States Bicentennial Year activities.

Paradigm Systems employed trained facilitators to conduct the Town Hall Meetings. Each of the Town Hall Meetings lasted two and a half to three hours. During that time the facilitator used the ToP method to help consumers build a chart of their unmet needs. Participants also identified barriers to meeting their needs and difficulties that they encountered in getting assistance from VRD.

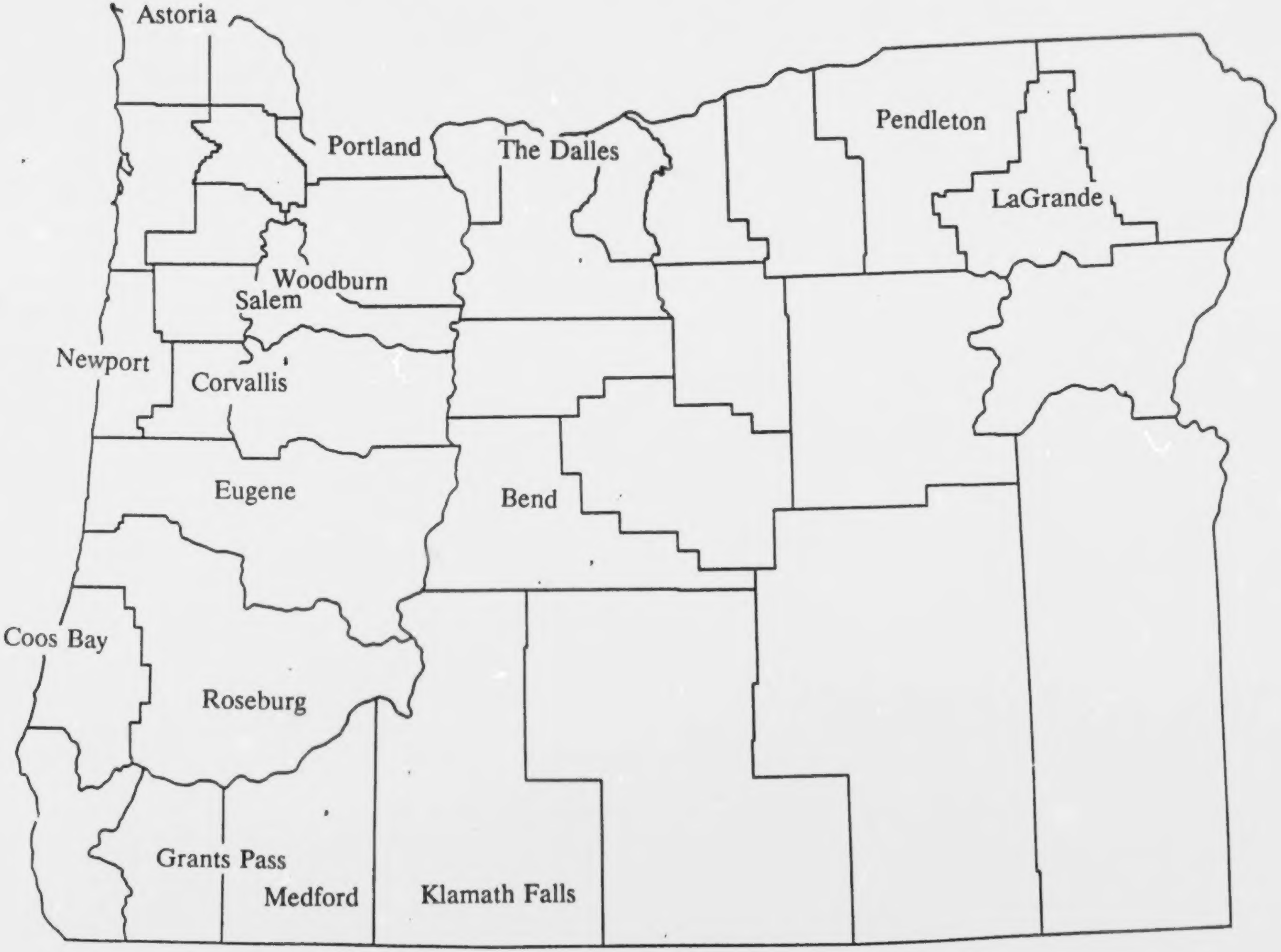

Astoria
Portland
The Dalles
Pendleton
LaGrande
Woodburn
Salem
Newport
Corvallis
Eugene
Bend
Coos Bay
Roseburg
Grants Pass
Medford
Klamath Falls

Figure 1. Town Hall Meetings were held in 16 communities throughout Oregon.

Interviews The Town Hall Meeting data were complemented by information collected in personal interviews with individuals who have a broad, systems perspective on the VRD service system. These individuals included: key personnel of other state agencies, commissions and counsels; professional associations; social service agencies; and consumer advocates. Paradigm Systems with the VRD Advisory Board and the TALN Board developed the initial list of individuals who would be interviewed. This list was expanded as interviews were conducted and individuals on the initial list recommended others who should be interviewed. Project staff conducted most interviews face-to-face or by telephone using a structured interview protocol. Scheduling difficulties required a few individuals to provide written responses to the interview questions.

Eighty-four interviews were conducted during the period January-April 1991 (Figure 2). All but three of the interviews were conducted with a single individual. Three small group interviews (with 2-4 individuals) were conducted with the Oregon Disabilities Commission, Salem Area Self-Help for the Hard of Hearing, and the Oregon State Library's Braille and Talking Books staff.

Services to Culturally Diverse Populations

Because several branch managers indicated that minorities in their counties were underserved, two Town Hall Meetings were scheduled for Hispanic and Native American groups. Despite fairly vigorous attempts to accommodate language and cultural differences in setting up the meetings there were low turnouts in both Woodburn and Warm Springs. Therefore the Town Hall approach was replaced with an interview approach with those who did attend. Additional interviews took place with individuals representing minority cultures, including Native American and Hispanic groups.

List of Agencies & Advocacy Groups Which Participated in Interviews

.Access Oregon
.Advocates for Disabled Oregonians
.Alternative Work Concepts
.Arthritis Foundation
.Association for Retarded Citizens - Oregon
.Blindskills Inc.
.Blue Mountain Community College, DSS
.Catholic Community Services
.Central OR Resources for Independent Living
.Chemeketa Community College, DSS

.Child Development and Rehabilitation Center
.Children's Services Division
.C-Net
.Coalition in Oregon for Parent Education
.ComputeAble Network
.Council of Seniors, Columbia Hills Retirement
.Direction Services
.DAC Disabilities
.Disabled Oregonians for Effective Services
.Easter Seals

.Epilepsy League of Oregon
.Fairview Community Integration Project
.Family Transition in Planning
.Handicap Awareness and Support League
.Head Injury Foundation
.Human Services Department, Warm Springs Res.
.Mental Health Association of Oregon
.Mid-Valley Children's Guild
.Mid-Willamette Valley Hospice
.Multiple Sclerosis Society

.Musculor Dystrophy Association
.National Federation of the Blind of Oregon
.Northwest Human Services
.Nursing Home Ombudsman Office
.Office Southeast Rehabilitation Services
.Oregon Association for the Deaf
.Oregon Association of Vocational Needs Personnel
.Oregon Chapter of National Rehab.Association
.Oregon Commission for the Blind

.Oregon Council for Hispanic Advancement
.Oregon Department of Education
.Oregon Department of Human Resources
.Oregon Developmental Disabilities Council
.OR Developmental Disabilities Program Office
.Oregon Disabilities Commission
.Oregon Disabilities Commission Board Members
.Oregon Games for the Physically Limited
.Oregon Mental and Emotional Disturbance Program Office

.Oregon Paralyzed Veteran's of America
.Oregon Rehabilitation Association
.Oregon Rehab. Center, Sacred Heart Hospital
.Oregon School for the Blind
.Oregon School for the Deaf
.Oregon State University, Minority Issues
.Parkinson's Disease Support Group
.Portland Community College, DSS
.Post Polio Support Group
.Regional Consulting Nurse, Marion ESD

.Regional Technology Assistance Program
.Regional Outreach Motor Services
.Rehabilitation Counseling and Training Services
.Rehabotics
.Resource Room Teacher & Transition Team
.Retired Senior Volunteer Program
.Salem Alliance for the Mentally Ill
.Salem Hospital Home Health Care
.School Futures, Inc
.Self-Help for the Hard of Hearing

.Senior Citizens Program, Warm Springs Res.
.Senior & Disabled Services Division
.Shriner's Hospital
.Spinal Cord Association
.Society for Deaf children
.SPOKES Unlimited
.Stroke Recovery Support Group
.Talking Book & Braille Services, OR State Library
.TALN Project, Portland Community College

.Technical Assistance, Mental Health Division
.United Cerebral Palsy
.University of Oregon, Disabled Student Services
.Vision Northwest
.Western Oregon State College, DSS
.Western OR State Col., Counseling Deaf Rehab. Program
.Woodburn Hispanic Meeting

Figure 2. Individuals from 84 agencies and advocacy groups were interviewed.

Questionnaires Questionnaires were a third method for gathering information. A basic questionnaire was developed for working-age individuals, then adapted to parents of school-age youth with disabilities, VRD counselors, and VRD contracted service providers.

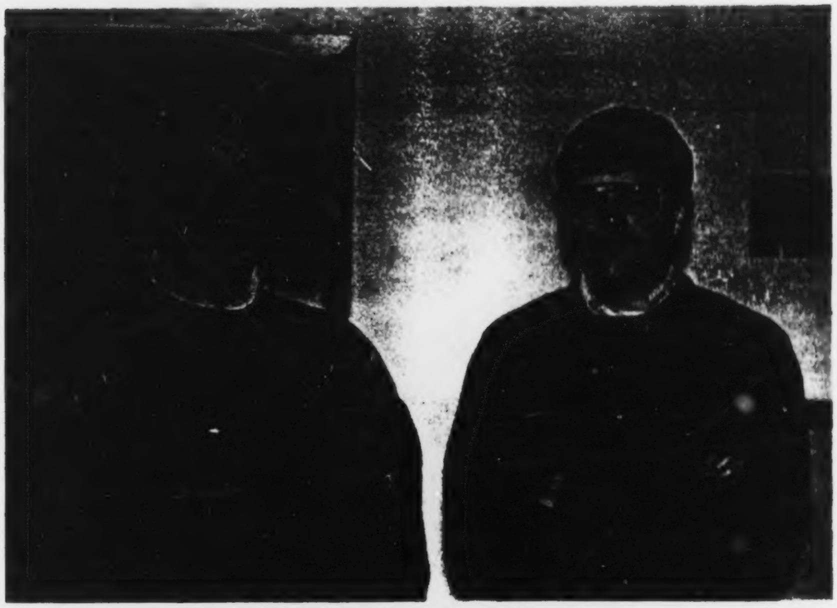
The Individual Needs Assessment Questionnaire was made available through VRD counselors, staff at Independent Living Centers, and some advocacy and service organizations to disseminate to consumers during January and February. The questionnaires were also mailed to individuals on the Oregon Disability Commission mailing list and were handed out to each person who attended the Town Hall Meetings. Nearly 5,500 *Individual Needs Assessment Questionnaires* were distributed in this way. Oregonians with disabilities used this questionnaire to identify the vocational, independent living, supportive technology services, and other types of assistance they need to get jobs, work productively, and participate meaningfully in the life of their communities. Of the 5,500 *Individual Needs Assessment Questionnaires*, 818 questionnaires (15%) were returned.

Over 3,000 *Parent Questionnaires* were sent to Department of Education Regional Programs for distribution to parents of children with disabilities. Students between the ages of 16 and 21 are potential participants in school-to-work transition programs and may soon be members of Oregon's labor force. For this reason, information from parents of students in this age group is included in this report. A total of 423 *Parent Questionnaires* (13%) were received.

In addition to consumer questionnaires, nearly 100 *Counselor Questionnaires* and 100 *Service Provider Questionnaires* were sent to VRD counselors and VRD-contracted service providers. The VRD *Counselor Questionnaire* was distributed to counselors in VRD Branch Offices throughout Oregon. Fifty-seven percent (57%) of the VRD counselors responded. Sixty-six service providers, from 19 counties in the Portland Metropolitan Area, the Willamette Valley, the Oregon Coast, and Central, Southern and Eastern Oregon, responded to the *Service Provider Questionnaire*. The service providers who responded to the questionnaire represented facilities serving people with disabilities in each of fourteen major categories of disabilities.

Return Rates for Questionnaires Return rates for the four questionnaires ranged from 13% on the Parent Questionnaire to 66% on the Service Provider Questionnaire. Questionnaires were distributed using large mailing lists, were boxed up and sent to advocacy groups, college and university disability services, school districts, senior citizen groups, and others. It was expected that many questionnaires would not get distributed, that addresses would be incorrect, and that some individuals would not return questionnaires at all or not return them in time for the results to be analyzed. A 10% return rate was considered satisfactory for the purposes of this study.

> *When my friend Roger was sixteen months old he became sick with spinal meningitis. It was during this sickness that he lost his hearing when doctors gave him a drug known to cause blindness and deafness. In the first grade it was discovered that I have a significant hearing-impairment. We both feel that Vocational Rehabilitation in general has failed to help people who are deaf or hearing-impaired. We believe that VRD has failed to define its function in relation to other services that may or may not be available. We both use total communications technology and only hope that certain attitudes at VRD have changed.*
>
> *Derrick Cox and Roger Moles*



III. Results

Town Hall Meetings

Participants in each Town Hall Meeting produced a chart of needs and barriers to services. The Paradigm Systems project staff aggregated the information from these tables by identifying common categories or concepts and grouping them to form a summary chart of needs and barriers. This analysis yielded 14 categories.

Job Opportunities
Comprehensive Support Services
Access to Equipment and Technology
Consumer Support Groups
Responsive, Individualized Services
Education and Training
Public Awareness
Community Access
Streamlined Services
Administrative Leadership & Coordination
Affordable & Accessible Health Care
Counselor Attitudes
Information about VRD

Figure 3. Summary of categories of needs created by participants in the Town Hall Meetings.

Figure 3 shows a grouping of the 13 major categories of needs identified in Town Hall Meetings. A chart of the information generated by participants is presented, by site, in Appendix A of this report.

Job Opportunities Participants in the Town Hall Meetings said they need a greater number and a greater variety of job opportunities. Many want less emphasis on counseling and job preparation and more emphasis on job development to get them a job quickly. Participants cited discrimination in hiring, unfounded fears that hiring people with disabilities would increase an employer's risk exposure, and employers' lack of confidence in the job skills of people with disabilities as significant barriers limiting their employment opportunities. The people who participated in the Town Hall Meetings recommended that VRD:

Provide more choices in the type and amount of job training consumers receive and give consumers more choice in the kinds of jobs they want to pursue;

Put resources into developing community jobs;

Help more consumers locate and apply for potential jobs;

Provide more after-placement support and assistance to make sure that placements are successful for people with disabilities and their employers;

Increase efforts to educate the Oregon business community about the incentives and benefits of hiring and supporting workers with disabilities; and

Insist on more aggressive enforcement of equal employment opportunity laws.

Comprehensive Support Many people with disabilities said that successful employment often depends on the availability of other support services. A lack of services such as child care, family counseling, and certain types of financial support makes it difficult for them to obtain and keep jobs. They described five types of support as particularly important:

Financial assistance to help pay bills;

More Independent Living Centers;

Better access to transportation services;

Assistance finding affordable and accessible housing; and

Better availability of child care.

Access to Equipment and Technology Participants in many Town Hall Meetings identified assistive technology as a category of need. People wrote about the need for access to equipment, environmental adaptations, total communication devices, the repair of assistive technology, and access to the Technology Access for Life Needs Project.

Consumer Support Groups People with disabilities consistently said that they need consumer support groups and advocacy services available to them. They reported that being able to meet with other people with disabilities to discuss common problems, experiences, and successes is very important. Several people suggested that VRD Branch Offices should make meeting space available for local area consumer support groups.

Responsive, Individualized Services Town Hall Meeting participants frequently pointed out that counselors do not do an adequate job of communicating with them throughout the rehabilitation process. This is particularly true, they noted, in the earliest stages of the process. They talked about counselors who do not return their telephone calls, of staff who do not tell them what to expect when they apply for rehabilitation services, and of a lack of respect for their preferences and their dignity. They also feel there is a great disparity in services depending on the area of the state and the person's disability. Finally, they feel that VRD does not recognize the negative impact that lack of work has on the self-esteem of people with disabilities and the importance of getting people with disabilities to work as soon as possible. They agreed that they need:

Counselors who maintain regular contact, particularly in the early stages of the rehabilitation process;

A more flexible rehabilitation planning process which takes into account individual preferences and capabilities; and

More VRD services in rural areas.

Education and Training Participants gave frequent examples of how the VRD evaluation process has led to what they feel are inappropriate recommendations for vocational education and job training. They feel that the evaluation process relies too heavily on standardized aptitude tests that are not suited to people with significant disabilities. One person who used a wheelchair and had significant physical disabilities told how his evaluation indicated he should be trained as a carpenter. Another man who was 45 years old and had an eighth grade education felt that his vocational evaluation inappropriately indicated that he should be an engineer. Town Hall Meeting participants said that they need:

Evaluation methods and instruments that are appropriate for people with substantial, chronic disabilities;

Rehabilitation plans and training that are more individually-tailored to a consumer's capabilities and interests; and

A choice about whether to pursue a job directly or invest time in training.

Public Awareness Town Hall Meeting participants almost uniformly identified a need for more public awareness about both the abilities and needs of people with disabilities. A key theme in their comments is a belief that many of the barriers to employment and community life are created and sustained by lack of information and understanding on the part of the general public. Participants identified the need for:

More public education efforts regarding the needs and capabilities of people with disabilities including an emphasis on what people with disabilities contribute; and

More public buildings, private retail establishments, and other facilities which are physically accessible to people with disabilities.

Community Access Town Hall Meeting participants are concerned about their isolation from full participation in community life. In some cases people said this isolation is due to lax enforcement of existing laws ensuring access to adequate housing and access to buildings. Others talked about a shortage of accessible public transportation. They said that they need:

More accessible public transportation;

More accessible public buildings;

More accessible housing; and

More aggressive enforcement of anti-discrimination laws.

Streamlined Services One of the most consistently and vocally expressed themes of the Town Hall Meetings was frustration with the amount of time it takes to complete virtually any part of the VRD process. They feel that counselors often spend too much time evaluating and developing a rehabilitation plan and too little time helping them get jobs. Some people feel that evaluations are redundant, time-consuming, and intrusive. Participants said that:

> *They want to know what to expect in terms of the number of steps it takes to go through the rehabilitation process and how long each of those steps normally takes;*
>
> *They want a more streamlined process for determining eligibility and they want to be kept informed of progress through this step; and*
>
> *They want a faster progression through the VRD rehabilitation process with more emphasis on helping them get a job.*

Administrative Leadership & Coordination Participants frequently expressed their belief that effective VRD services are hampered because the adminis-tration has not formulated a vision of where services should be in the future and has not taken a leadership role in pursuing that vision.

VRD has established cooperative agreements with many agencies to provide vocationally-related services to youth and adults with disabilities. Nevertheless, many participants in Town Hall Meetings believe that VRD administrators need to be more proactive in advocating for services such as health and medical care, financial support, transportation and accessible housing. Participants talked about the importance of looking for and pursuing federal and state funding opportunities that could result in more vocational resources. They feel that the service needs of people with disabilities will not be met until the VRD administration:

> *Communicates a vision of a vocational rehabilitation service system that is responsive to the needs of Oregonians with disabilities;*
>
> *Takes an aggressive, leadership role in coordinating the multiple agency services that are essential to many Oregonians with disabilities;*
>
> *Accepts people with disabilities as equal partners in shaping and evaluating the responsiveness of VRD programs; and*
>
> *Takes measures to maximize federal and state resources.*

Affordable and Accessible Health Care Participants said that access to affordable health care is essential to getting and keeping jobs. Many participants said that too many of the job opportunities they are offered do not provide health care benefits. In some cases, participants reported that people with their specific disability are either excluded from coverage by the employer's insurance carrier or that coverage costs more than their employer can pay.

Most alarmingly, participants agreed that gaining employment that did not provide health care benefits could be economically disadvantageous for them. Some reported that they want to work but have decided to stay out of the work force because getting a job would mean loss of Medicaid benefits and essential, ongoing health care services.

Counselor Skills & Attitudes An area that participants commonly described in Town Hall Meetings was the need for more flexibility and responsiveness in VRD counselors. They said that many VRD counselors have very low expectations regarding the work potential of consumers. Some people complained that counselors do not treat them as the equal partners they should be. In a number of meetings they talked about interactions with counselors and the process for documenting eligibility as "disrespectful" and "humiliating".

Although in some areas of the State they applauded the responsiveness of the branch manager or particular counselors, many participants also believe that other counselors, through lack of knowledge or a belief that it is unimportant, do not communicate critical information about VRD services, the length of waiting periods, and eligibility criteria. The participants feel that counselors do not fully appreciate that these factors significantly reduce the probability of successful rehabilitation.

They also want more counselors to expand their roles to help consumers locate and obtain jobs, develop jobs when job opportunities are limited, and provide information about services that are offered through other social service agencies.

Participants said that they need:

> *Counselors who have knowledge and skills to provide essential information about what a person with disabilities can expect from rehabilitation services;*
>
> *Counselors who are sensitive to cultural differences;*
>
> *Counselors who value their role as a VRD consumer service representative and respond to Oregonians with disabilities as VRD consumers rather than "charity cases";*
>
> *Counselors who communicate regularly and in a timely manner with their consumers; and*
>
> *Counselors who are trained in job development, employer technical assistance, and post-placement support.*

Information about VRD Many participants felt that VRD needs to better communicate what it realistically can and cannot do for them. They want information about VRD services and about the services available through other agencies.

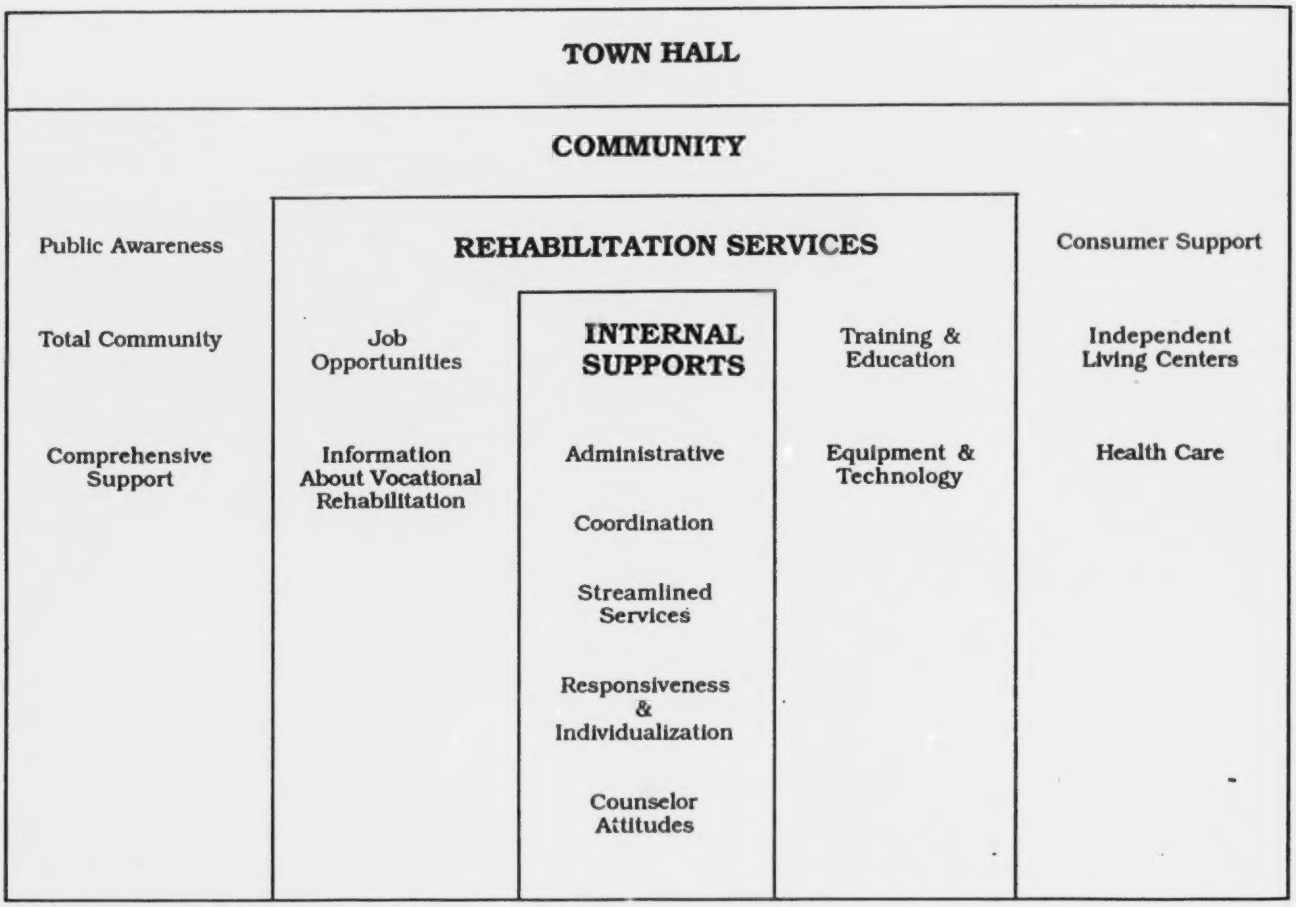

TOWN HALL
COMMUNITY
Public Awareness
Total Community
Comprehensive Support
REHABILITATION SERVICES
Job Opportunities
Information About Vocational Rehabilitation
INTERNAL SUPPORTS
Administrative
Coordination
Streamlined Services
Responsiveness & Individualization
Counselor Attitudes
Training & Education
Equipment & Technology
Consumer Support
Independent Living Centers
Health Care

Figure 4. Summary of categories of needs generated by participants in the Town Hall meetings.

Interviews

Interviewers used a structured protocol to conduct personal interviews with more than 80 individuals. People selected for interviews were Oregonians, outside of VRD, who have a broad, "system" perspective of rehabilitation services and linkage with multi-agency services for people with disabilities. Because of the widely held belief that the effectiveness of rehabilitation services is, to a great extent, dependent on the total life circumstances of the person with disabilities, the interview protocol also included service needs which may be outside VRD's authority to directly control or provide. Information about these needs have been included in the interview results because they point to areas where VRD could exert more leadership under its interagency coordinating authority and enhance the effectiveness of VRD services. Interview respondents identified twelve areas that need attention by VRD.

Jobs and Follow-up
VRD System Changes
Assistive Technology
Comprehensive Support
Leadership role of VRD
Consumer Focus
Community Access
Public Awareness
Funding
Information
Counselor Training
Equity in Services

Figure 5. Twelve key needs identified through structured interviews.

Jobs and Follow-Up Interview respondents cited the need for VRD to rethink the traditional role of the rehabilitation counselor and address the critical needs of people with severe and challenging disabilities who are entering community programs. They also cited unmet needs for minority populations and for people with disabilities in rural areas. They feel that new models of service delivery and the expansion of the supported employment model are needed to successfully meet the employment needs of these people. Respondents suggested that the needs of people with disabilities will be best met if:

> *VRD field staff spend more time developing meaningful job opportunities for people with disabilities and provide more technical assistance to employers;*
>
> *VRD provides more intensive after placement support services to people with disabilities and their employers; and*
>
> *The supported employment program is strengthened and expanded.*

Service delivery system Respondents reported that the VRD service delivery system is too slow and inflexible. Some respondents feel that the rehabilitation process in Oregon is overly standardized and that VRD has not pushed to provide as much individualization and flexibility as is possible. They gave examples of states such as Idaho and Alaska where VRD agencies have actively sought and obtained funding for innovative programs. Some people said that in addition to new service delivery models, VRD needs more counselors to meet the growing demand for employment services. Other people said that new roles for counselors will more effectively meet consumer needs for jobs. Respondents who were interviewed suggest that VRD:

> *Streamline its service delivery process by looking for ways to cut paperwork and steps that do not contribute to the services that consumers need;*
>
> *Train counselors to offer services that are truly flexible to specific individuals and situations;*
>
> *Examine both the need for more counselors to meet the growing population of people with disabilities who are applying for VRD services and the responsibi-lities of the counselors who are employed.*

Assistive Technology Respondents believe that people with disabilities, their employers, and potential employers do not have adequate knowledge and understanding about how existing technology can be used to make consumers more productive employees. Interview respondents expressed the concern that few people in the VRD system have the knowledge and skills necessary to provide comprehensive information about assistive technology or to perform functional evaluations that appropriately match individual needs for assistive technology to an appropriate technology solution.

They reported that people with disabilities need:

> *Much more information about existing technology and how it can be used to make them more productive at work;*
>
> *More information about how existing technology can help people be more self-reliant at home and in the community; and*
>
> *Access to technology, including resources for obtaining it.*

Comprehensive Support Interview respondents reported that support services such as information and referral, skill training, peer counseling, and technical assistance offered by independent living centers are a critical element of a vocational rehabilitation program for many people. Respondents said that there are many Oregonians with disabilities who need the services of an Independent Living Center but cannot gain access to this limited resource.

They also talked about the limited availability of transportation as a barrier to both getting and keeping a job and fully participating in community life. As expected, the need for transportation was cited as especially critical for people with disabilities who live in rural areas. However, it was also identified as an important need in areas with developed, urban, and suburban public transportation systems. It is clear that the lack of adequate transportation severely limits access to job training, essential health care, education, and participation in the social and cultural life of the community.

And finally, interview respondents said that people with disabilities throughout Oregon have a critical need for adequate health care. Needs for physical therapy, occupational therapy, preventative and acute medical treatments, and dental care were also cited by the respondents.

Leadership Role. Respondents said that, as a group, the VRD staff are innovative and talented. However, many people also reported that the staff are limited by the lack of a clearly articulated organizational vision of success and the leadership to move toward it. Whether true or not, many people feel that a lack of vision and enthusiasm in its pursuit are major barriers to the organization's success. The information generated through interviews indicate that staff from other service agencies and advocates for people with disabilities feel that VRD lacks direction and that there is less than a full commitment to the goals and activities of the organization. In spite of the fact that VRD has many interagency cooperative agreements, they said that VRD's top administration should exert more aggressive leadership in initiating interagency efforts that meet the needs of consumers.

Consumer Focus Respondents said that VRD should make greater efforts to involve consumers in all aspects of the organization and its activities. Some people who were interviewed feel that counselors will be more responsive, that services will be delivered faster, and that support will be more job focused if VRD is more meaningfully advised by consumer advocacy groups. They feel that all services should be routinely evaluated by consumers. Specific needs include:

> *More involvement of consumers in planning their own rehabilitation programs;*
>
> *More meaningful involvement of consumers in the development of a statewide plan for setting and accomplishing VRD annual goals; and*
>
> *Training that will help prepare counselors to be more responsive to consumers.*

Community access Physical barriers that limit or prevent access to public buildings and facilities can be commonly found throughout Oregon. These barriers limit the ability of people with disabilities to fully participate in aspects of the Oregon lifestyle that their neighbors and coworkers take for granted. Respondents want VRD to advocate for the enforcement of existing regulations and to promote activities of other organizations that will support the removal of barriers to community participation.

Public Awareness Respondents reported that one of the most significant barriers to work, full participation in community life, and self-esteem is the current misperception that many Oregonians have about the capabilities of their neighbors who have disabilities. They said that aggressive, long-term state and local-level education programs about the capabilities of people with disabilities is essential to successful vocational rehabilitation and full integration into community life.

Funding Base Many of the respondents believe that VRD does not have a long term approach for maximizing federal financial participation (FFP) in services for Oregonians with disabilities. They reported that currently, maximum FFP is achieved by using state general funds from a "patchwork" of vocational programs throughout state government in order to claim as much FFP as possible. The interview respondents believe that VRD needs a stable, long term approach to maximizing FFP.

Information Respondents stated that consumers want and need more information about VRD services and eligibility requirements. They said that consumers need:

> *Materials such as a brochure or videotape that explains VRD's services, the rehabilitation process and eligibility criteria. The brochure and videotape should be provided in non-English and sign language translations;*
>
> *Regular and frequent communications from counselors concerning a person's status after completing an application for rehabilitation services; and*
>
> *More complete, understandable information about their disabilities and the influence their disability may have on their lifestyle, friends and family, and job opportunities.*

Counselor Training Some participants noted that counselors need training to be able to communicate and work effectively with people from specific disability groups.

Equity in Services In some interviews, respondents commented that people with particular disabilities have difficulty accessing services and that barriers of language, rural isolation, and cultural factors put minority groups at much more risk of not receiving services. They want VRD to:

> *Target people with disabilities in rural areas; and*
>
> *Make special efforts to involve consumers who represent the ethnic and cultural diversity of Oregon in state and local-level planning and decision making.*

Interview Results Show Strengths of VRD

Interviewers also asked each of the respondents to talk about the strengths of the Vocational Rehabilitation Division and what the organization does well. Several features were frequently mentioned:

> Respondents gave many examples of staff within VRD, at both the state and local level, who they feel are exceptionally talented and successful in providing the kinds of services that consumers want;
>
> The community outreach efforts of VRD branch offices were cited as an effective service model;
>
> Respondents gave examples of interagency efforts, initiated by VRD staff, that have been highly

successful in removing significant barriers to opportunities for Oregonians with disabilities; and

Respondents praised the efforts of some individuals in local branch offices who they felt were very successful at job development and follow-up support and who had developed and maintained excellent supported employment programs.

Questionnaires

Town Hall Meetings and interviews allowed participants to develop their own categories of needs. Response categories on questionnaires, on the other hand, were prewritten and respondents marked those that represented important unmet needs. Four questionnaires were developed. Some of the areas were the same across questionnaires and allowed the responses of each group to be compared (Table 1).

A. *Individual Needs Assessment Questionnaire*

Description of the People Who Responded Eighty-nine percent (89%) of the people who responded to the survey questionnaire described their ethnic group as "white" while "Hispanic" (3%) and Native American" (3%) were the next most frequently used descriptors. Only 2% of the respondents described themselves as "African-Americans" and 2% declined to provide any description of ethnicity.

Eighty-four percent (84%) of the respondents were between 22 and 65 years of age. Most people who responded (42%) were between 36-50 years of age (Figure 6). Sixty-eight percent (68%) of the people who responded to the questionnaire had completed high school; 13% had completed a four-year college program; and 8% had graduate degrees. Fifty-two percent (52%) of the respondents were male, 45 percent female, and 3% of the respondents did not report their gender.

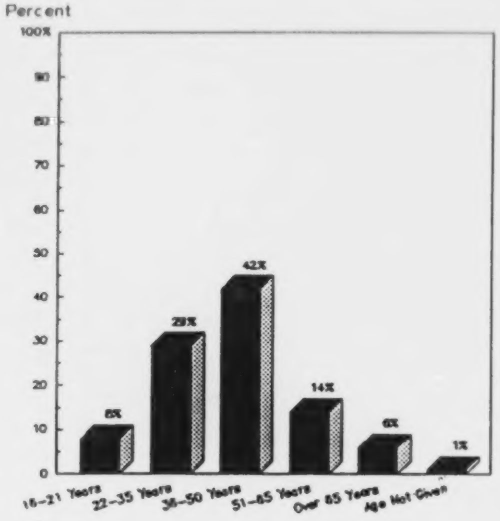


Figure 6. Percent of people who responded to the *Individual Needs Assessment Questionnaire* by age group.

The demographic data indicates that even though only 15% of the questionnaires were returned, the survey reached people with all major types of disabilities. At least some of the respondents checked each of the fourteen types of disabilities listed. Six hundred and nine (609) of the people responding to the survey reported that they have more than one disability.

Area	Individual (N=818)	Parents (N=49)	Counselor (N=57)	Service Provider (N=66)
Assistive Technology				
Information	37%	37%	77%	67%
Help finding technology	37%	37%	69%	52%
Training	35%	31%	60%	61%
Opportunity to try out	37%	25%	74%	61%
Support & maintenance	16%	16%	75%	61%
Money to obtain	37%	31%	81%	79%
Communication	8%	8%	67%	64%
Hearing	8%	2%	81%	50%
Vision	6%	22%	65%	55%
Upper Body Dis	12%	10%	76%	59%
Lower Body Dis.	13%	2%	75%	59%
Daily living needs	14%	12%	65%	61%
Leisure/recreation	17%	10%	69%	61%
Work technology	18%	35%	74%	73%
Health Care				
Physical check-ups	19%	4%	91%	85%
Dental check-ups	30%	10%	88%	89%
Eye care	21%	6%	81%	82%
Psychiatrist	6%	8%	60%	68%
Counseling	11%	6%	86%	91%
Medicine	15%	2%	90%	76%
Surgery	6%	2%	65%	62%
Diet	17%	8%	79%	83%
Physical Therapy	16%	4%	70%	70%
Speech Therapy	5%	4%	54%	67%
Occupational Therapy	14%	8%	65%	62%

Table 1. Percent of respondents who identified items as important unmet needs.

Rehabilitation Services				
Information	20%	61%	NA	NA
Career Planning	33%	45%	NA	NA
Job Training	39%	49%	NA	NA
Finding a Job	41%	53%	NA	NA
Modified Tools	24%	23%	NA	NA
Higher Wages	26%	27%	NA	NA
Job I Like More	21%	NA	NA	NA
Education				
Adult Basic Education	6%	NA	74%	44%
Community College	15%	NA	65%	26%
4-Year College	13%	NA	NA	NA
Technical/Trade School	18%	NA	63%	32%
Independent Living				
Homemaker services	8%	25%	67%	65%
Place to live	11%	33%	88%	77%
Personal Attendant	5%	16%	72%	64%
Visiting Nurse	3%	6%	47%	50%
24-hr Nursing Care	2%	6%	28%	27%
Money Management	7%	29%	81%	82%
Home Management	5%	29%	72%	79%
Specialized Housing	10%	12%	81%	73%
Self-Care Training	4%	21%	75%	80%
Other				
Information	35%	49%	91%	88%
Lawyer	10%	18%	63%	56%
Advocate	13%	31%	77%	89%
Child Care	5%	12%	81%	64%
Support Group	15%	27%	84%	74%
Friendship	13%	35%	74%	85%
Job Transportation	14%	35%	93%	92%
Other Transportation	13%	29%	79%	79%
Case Manager	17%	39%	77%	70%
Recreation/Leisure	18%	41%	79%	83%
Self-Advocacy	14%	23%	81%	71%

Table 1 (continued)

Note: "NA" means "Not Asked"

Some respondents listed more than one disability as their most severe. The disabilities that were reported most frequently as "most severe" were orthopedic impairments (24%), back injury (16%), deafness (16%), learning disability (16%), arthritis (15%), and mental retardation (15%). Burns (.007%) and cancer (.01%) were reported least frequently as a respondent's "most severe" disability.

Findings

Fewer than half of the people who returned Individual Needs Assessment Questionnaires are currently employed. Of the 818 people who returned the *Individual Needs Assessment Questionnaire*, 37% reported that they are employed (Figure 7); 58% of the respondents reported that they do not have a job. Because most of the people who returned questionnaires are unemployed a large percent of the respondents will have unmet needs in this area.

Most people who have a job said they found it on their own. Most people (45%) who are employed report that they found their job on their own or had help from a friend or relative. Nearly one quarter (21%) of the employed respondents reported that VRD or rehabilitation staff had, in some way, helped them get their job.

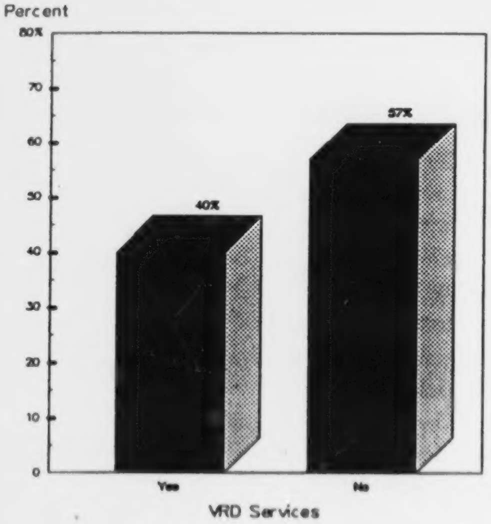


Figure 7. Percent of people who reported they currently were employed.

People with disabilities want VRD to provide them with more help finding a job. "Job Training" and "Help Finding a Job" were the two most frequently selected areas of unmet needs on the *Individual Needs Assessment Questionnaire.* Forty-one percent (41%) of the people reported that they need help finding a job and 39% want job training. These data are consistent with results from both the Town Hall Meetings and interviews where participants talked about the importance of using employment models that directly help consumers get jobs.

Oregonians with disabilities want to know more about technology and how it can help them at work and home. Over one third of the respondents said they need information about assistive technology (37%), funding to obtain technology (37%), help finding technology (37%), and an opportunity to try out technology (37%). Thirty-five percent (35%) of people responding on the *Individual Needs Assessment Questionnaire* want training about specific assistive technology (Figure 8). Fewer than 10% reported that they have information about supportive technologies.

Find a Job (41%)
Job Training (39%)
Money for technology (37%)
Help finding technology (37%)
Try out Technology (37%)
Information about technology (37%)
Information about Services (35%)
Training to Use Technology (35%)
Career Planning (33%)
Dental Care (30%)
Better Paying Job (26%)

Figure 8. A listing of high areas of need identified by more than 25% of the respondents.

Respondents want information about other services that are available to people with disabilities. Only 11% of the people who responded reported that they had information about the kind of help that is available in other agencies; 35% of the 818 people wanted it.

Respondents want dental care. Although health care was a concern of participants in both the Town Hall Meetings and the interviews, only "Dental Care" was identified as an important unmet need by at least 25% of the respondents who returned *Individudal Needs Assessment Questionnaires*.

There are few differences in unmet needs between people receiving VRD services and those who are not. The percent of people who identified each area of the questionnaire as an important unmet need follows a similar pattern for every item except those in "Rehabilitation Services". In this category all but one of the items were identified as an important unmet need by more than 25% of the respondents not receiving VRD services. Only two items in this category were identified as an important unmet need by people who *were* receiving VRD services -"Finding a Job" (32%) and "Higher Wages" (27%). The pattern of these data may show the impact that rehabili-tation services has on the needs of Oregonians.

Although the *Individual Needs Assessment Questionnaire* results show that there are people who would benefit from services in every area addressed in the survey, a few areas stand out. The data clearly show that there are two primary needs of people with disabilities. First, they need information. They want to know about VRD and its services and about the services offered through other agencies. And, they want information about assistive technology and how it can enhance their work and personal lives. Secondly, people with disabilities need job training and more help finding jobs. Well over half of the people who responded to the survey are unemployed. They are not afraid to work. In fact, when Oregonians with disabilities are employed, many of them hold full-time jobs which they often have found on their own. The inescapable fact remains that 58 percent of the respondents do not have jobs; they want to work but may not be receiving the job training and help that they need to become employed.

B. *Counselor Questionnaire*

A total of 57% of the VRD counselors returned the *Counselor Questionnaire*. Counselors were asked for their perceptions of the important service needs of people with disabilities and to identify their own training needs. As a group they tended to identify all areas of the survey as representing important consumer needs. This is in contrast to consumer data in which respondents were more selective in the areas they identified. The areas of important consumer needs that were identified by at least 80% of the counselors are listed in Figure 9.

Transportation to work (93%)
Information about other organizations (91%)
Routine medical care (91%)
Pharmacy Services (90%)
Help finding a place to live (88%)
Dental care (88%)
Counseling (86%)
Person/Family Support Group (84%)
Access to resources to obtain technology (81%)
Hearing technology (81%)
Eye care (81%)
Assistance with money management (81%)
Child care (81%)
Learn to be a self-advocate (81%)
Specialized Housing (81%)

Figure 9. Areas of important consumer needs that were most frequently identified by counselors.

Counselors believe that VRD serves most Oregonians with disabilities "Very well or Moderately well". Groups that counselors believe VRD serves least well are people who are blind (28%), people who have learning disabilities (23%) and people with head injuries (21%). People with vision impairments receive services through the Oregon Commission for the Blind and counselors may have deliberately given low ratings for this populations because of the Commission's involvement. Although a growing body of literature supports the use of employment models, in particular supported employment, with people who have developmental disabilities this field is relatively new to VRD. Models for people with head injuries are currently being developed and success with this population is fairly limited.

The greatest training needs of counselors are in the area of Assistive Technology. Seventy-nine percent (79%) of the counselors who responded would like "Information about Assistive Technology"; 70% want training in how to "Find Appropriate Technology"; 61% want training about "Work Technology"; and 60% of counselors need training on how to "Use Technology".

Counselors also want information about exemplary approaches to rehabilitation services. Sixty-one percent (61%) of the counselors said they want more information and training about innovative approaches to providing vocational rehabilitation services. Fifty-four percent (54%) said they wanted to know more about the services other agencies provide to people with disabilities. Counselors also believe that it is important that they receive more training and information about community-based evaluation (53%).

C. *Service Provider Questionnaire*

Sixty-six percent (66%) of service providers from 19 counties in Oregon responded to the *Service Provider Questionnaire.* Their programs were located in all regions of the state and they worked in metropolitan, urban, and rural areas. Most providers (56%) had worked in their jobs for ten or more years.

Findings

Service providers were asked whether particular groups of people are not receiving VRD services. Eighteen percent (18%) wrote that people in rural areas are underserved. Service providers also mentioned ethnic minority groups (9%), senior citizens (6%), and people who are developmentally disabled (6%).

In general, service providers rated each item on the survey as an important need. Those that were identified by at least 80% of the service providers are listed in Figure 10. The range was 92% in the area of "Transportation" to 26 percent for "Community College Education".

Survey results indicate that service providers want training in technology. Seventy-four percent (74%) want "Information about Assistive Technology"; 74% also want "Money to Obtain Technology"; 70% reported that they need "Help Finding Technology" that suits people's needs; and 68% want both training in "How to Use Technology" and training about "Work Technology". Other high training needs are "Approaches to Quality Improvement" (70%) and "Exemplary Approaches" (67%).

Transportation (92%)
Counseling (91%)
Dental (89%)
Advocacy (89%)
Kinds of help available (88%)
Regular physical check-ups (85%)
Relationship or friendship (85%)
Better diet (83%)
Recreation/leisure (83%)
Money management (82%)
Eye care (82%)
Self-Care Training (80%)

Figure 10. A list of important consumer needs identified by at least 80% of service providers.

Survey results show that service providers want training in some areas of rehabilitation services. Three training needs are apparent from the survey results. Eighty-eight percent (88%) of the service providers who responded want training in Supported Employment; 80% want training in Job Development; and 70% identified training needs in Community-Based Evaluation.

Key Barriers to Services

Service providers were also asked to identify their one key barrier to services. Almost one third of the providers (27%) volunteered that public education about the capabilities of people with disabilities is badly needed in Oregon. They listed a lack of funds as a second major barrier.

D. *Parent Questionnaire*

Forty-nine (49) *Parent Questionnaires* were returned by parents of students with disabilities between the ages of 16 and 21. There were students with identified disabilities in each category of disability: vision impairment, hearing impairment, mental retardation, motor impairment, health impairment, and autism.

Findings

Every area of the questionnaire was identified as an important need by at least some parents. The range of responses spanned a high of 61% in the area of "Information about the Vocational Rehabilitation Division" and a low of two percent in the areas of "Technology for Hearing Impaired Students" and "Technology for Students with Orthopedic Disabilities of the Lower Body".

An item of the survey was considered to represent a high need if at least 30% of the 49 parents identified it as either a current or future important need. Using this criteria, parents of secondary students with disabilities have or anticipate needs in work and community living that will help their children participate in a regular community lifestyle (Figure 11).

Above all, parents want information. Parents of youth with disabilities want "Information About VRD" (61%), "Information About Services" that may be available through other agencies (49%), and "Information About Technology" (37%).

Parents Want a Job for Their Child. The impact of transition programs that help prepare secondary-age students for adult life may be apparent in the attention parents in this study gave to jobs. As mentioned, 61% of parents want "Information about VRD", 53% want their child to get "Help Finding a Job", and 49% want "Job Training" available.

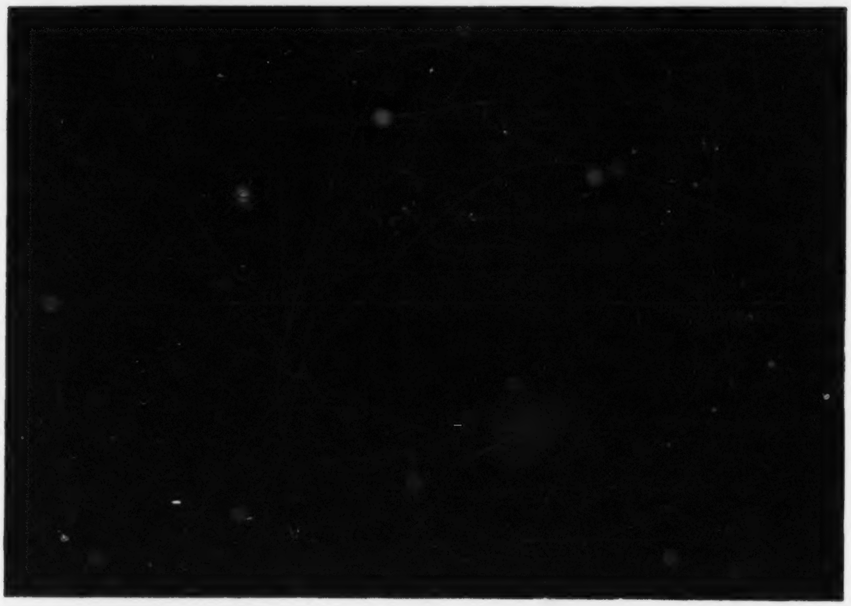
Many parents want assistance in the area of technology. "Information about Technology" (37%), "Help Finding Technology" (37%), "Work Technology" (35%), "Training on Using Technology" (31%), and "Money to Obtain Technology (31%) were needs that were frequently identified.

Information about VRD (61%)
Help Finding a Job (53%)
Job Training (49%)
Information About Other Available Services (49%)
Career Planning (45%)
Recreation/Leisure (41%)
Case Manager (39%)
Information About Technology (37%)
Help Finding Technology (37%)
Friendship (35%)
Job Transportation (35%)
Work Technology (35%)
Place to Live (33%)
Advocacy (31%)
Training on Technology (31%)
Money to Obtain Technology (31%)

Figure 11. Frequently identified needs of parents of secondary-age students with disabilities.

Parents also want community support. Identified needs that fall into this category include "Recreation/Leisure (41%), "Case Manager" (39%), "Friendship" (35%), "Place to Live" (33%), and "Advocacy" (31%).

Matt is 23 years old and has severe cerebral palsy and mild to moderate mental retardation. He uses a power wheelchair for mobility and a Minspeak for communication. Matt goes to a group home each morning when his mother goes to work. He spends the morning and eats lunch there, then is taken to work. Matt is able to work because he is independently mobile in his power wheelchair, can use a computer to do data entry, and can communicate with his Minspeak. Vocational Rehabilitation paid for the lift for the family van and purchased the IBM computer that he uses in his job. He gets support from a job coach. Matt's mother would like to see more adapted housing for adults in their community and notes that there is a lack of public transportation in their community. This is a major problem for Matt and others with disabilities.



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IV. Key Issues

The purpose of the VRD statewide needs assessment was to identify the unmet needs of disabled citizens in Oregon. The questions asked through Town Hall meetings, interviews, and questionnaires went beyond the specific scope of VRD services in an effort to discover the other barriers that appear to keep people from effectively obtaining and keeping jobs. These included issues of transportation, health care, support for Independent Living Centers, and public attitudes. The data on unmet needs represents several perspectives, includes all types of disabilities, and represents almost every county in Oregon. The consumers who contributed their thoughts and ideas represent different age groups, cultural groups, and consumers who have had both positive and frustrating experiences with the VRD system. At the end of the process, as questionnaires were summarized, interviews analyzed, and Town Hall results compared, consistent trends surfaced. Figure 12 shows the major needs identified through each approach, in order of the frequency with which they were identified.

Town Hall Meetings (Number of Categories)	**Interviews (Number of Comments)**	**Individual Questionnaires (Percent of Respondents)**
Job Opportunities (17)	Job and follow-up (47)	Finding a Job (41)
Comprehensive Support (13)	VRD System Changes (38)	Job Training (39)
Assistive Technology (11)	Assistive Technology (34)	Money for Tech. (37)
Support Groups (10)	Comprehensive Support (26)	Try out Tech. (37)
Responsiveness /Individualization (9)	Leadership (25)	Help Find Tech. (37)
Education & Training (9)	Community Access (23)	Info. on Tech. (37)
Public Awareness (9)	Public Awareness (22)	Service Info (35)
Community Access (8)	Funding (22)	Tech Training (35)
Streamlined Services (7)	Information (17)	Career Planning (33)
Leadership (7)	Counselor Training (9)	Dental Care (30)
Coordination (7)	Equity in Services (8)	Higher Wages (26)
Health Care (6)		
Counselor Attitudes (5)		
Information (3)		

Figure 12. Summary of results of three viewpoints about the priority of needs of people with disabilities in Oregon.

Key Themes

The data from this survey showed a consistent set of unmet needs and barriers to services that cut across perspectives. Participants in the Town Hall Meetings and the interviews could have identified any area of unmet need, yet the categories shown in Figure 12 are remarkably similar. Two of the three most frequently identified areas under Town Hall Meetings and interviews were also the most important unmet needs identified through the *Individual Needs Assessment Questionnaire*. The consistency of the information indicates that the results are valid and overall show a clear profile of what Oregonians with disabilities need.

People who participated in this survey want to work and become participating members of the community. Obtaining a job was the highest area of need identified by people with disabilities who completed the *Individual Needs Assessment Questionnaire*. It was also identified more frequently than other areas in the Town Hall meetings and in the interviews.

People want information, particularly about assistive technology. They want to know what is available, what will help them best, and how to obtain it. They also want to know more about the Vocational Rehabilitation Division. This includes what services are available, how long the process takes, and what's expected of them. They also wrote about the need for information about services and support available through other agencies. At almost two thirds of the consumer-focused Town Hall meetings people wrote about the need for consumer-support or family-support groups in which they could share information and experiences. Many people commented that well-developed information alone would be helpful.

People with disabilities also want support from the community until they become gainfully employed. Once employed they want access to community resources: public transportation that will take them where they need to go; access to medical care when it is required; accessible and affordable housing; and support through Independent Living Centers.

Consistent Results Across Regions, Age, and Gender The consistency of results was fairly uniform regardless of the gender, age, or region of the state.

Gender The pattern of unmet needs generally matches the items listed in Figure 12 from the *Individual Needs Assessment Questionnaire*. The pattern was evident whether respondents were men or women with these two exceptions. More men tended to want "Higher Wages" (29%) and a "Job They Liked More" (25%).

Age Group The results for each age group tended to also follow the same pattern shown in Figure 12 with these exceptions. First, youth between the ages of 16 and 21 identified additional unmet needs in the areas of home and community living. For example, more than 25% of people in this age group identified assistive technology in the areas of "Daily Living Needs" (26%) and "Work Technology" (35%) and "Leisure & Recreation" (41%) as important unmet needs. Other areas important to them include "Job Transportation" (35%), "Other Transportation" (29%), and "Case Management" (39%). These results are not surprising because people in the transition age group are preparing for adult life. Both independent home and community life skills are important to them.

The second exception is in the group of people 65 years of age or older. No area of the questionnaire was identified as an important need by at least 25% of them. This does not mean that people with disabilities who are 65 years or older have no needs. Instead, the questionnaire may not have addressed issues that are important to them or they do not perceive the areas listed in the questionnaire as relevant.

Region Figure 13 shows a listing of major needs from the *Individual Needs Assessment Questionnaire*. An "X" indicates that more than 25% of the respondents identified this item as an important unmet need. The placement of "X's" shows a consistent pattern of unmet needs across the VRD regions. More than 25% of the respondents in Southern and Eastern Oregon also wanted "Information about VRD" and people in Eastern Oregon want education through a "Technical or Trade School".

	Region			
	1	2	3	4
Finding a job	X	X	X	X
Job Training	X	X	X	X
Training on Tech	X	X	X	X
Money for Tech	X	X	X	X
Try out Tech	X	X	X	X
Help Find Tech	X	X	X	X
Info on Tech	X	X	X	X
Service Info	X	X	X	X
Career Planning	X	X	X	X
Dental Care	X	X	X	X
Higher Wages	X		X	X

Figure 13. The pattern of "X"'s shows needs of at least 25% of the respondents by region.

Barriers to Services

Some of the unmet "needs" identified through this needs assessment could be viewed as barriers to services that consumers would like addressed. For example, a lack of public awareness about the capabilities of people with disabilities was frequently mentioned during interviews and meetings. With more public awareness consumers expected more job opportunities and greater access to the community and its resources.

Participants also discussed consumer involvement. At the local level they wanted support groups and a place where they could meet regularly. At the state level they wanted consumers to be part of the planning process and to fill some of the counselor positions.

Many people who were interviewed talked about a lack of leadership. They said that the organization lacked a vision of where it wants to go and a sense of enthusiasm in the way its goals are carried out. They feel that VRD's vision must be clarified and communicated throughout the organization and to other agencies. Although they acknowledge that VRD coordinates with other agencies, they feel that this participation is too passive. They want more aggressive advocacy for people with disabilities and more commitment to new models of service delivery in the State. Finally, they want VRD to support branch managers and counselors who try to be innovative and flexible in meeting the needs of consumers in their communities.

A grouping of the results from Figure 12 produce nine areas of major unmet needs (Figure 14). These form the basis for recommendations and suggested actions outlined in the next section.

Based on the results of this project, people with disabilities in Oregon want:

Services that are designed to help them find and get jobs, then help them keep those jobs.

Information and access to assistive technology that will help them work and live with greater self-reliance.

Information about VRD services and resources available through other agencies.

Comprehensive services that provide funds to pay bills until work is found and work related community support that enables them to keep a job once it is obtained.

The removal of physical barriers to transportation, housing, and general access to their communities.

The data from this project show that consumers and advocates also want changes in the way services are delivered. These needs include:

Services that are designed and delivered from a consumer perspective and with consumer involvement.

A public awareness and education effort to let people know the capabilities of people with disabilities.

A service delivery system that is flexible and responsive to their individual needs.

Leadership that is enthusiastic and instilled with a vision of where it wants to be in the future.

Figure 14. The data from this project can be grouped to show nine major categories of unmet needs.

In 1978 I was riding my bicycle home from town and did not see a truck that was parked on the side of the road. I hit the back of the truck with the top of my head and I became an instant quadriplegic. I have worked with VRD for many years. They have been great in assisting me with chair repairs, the purchase of a van and the necessary modifications required so that I could drive it ... and it took relatively little time to get the van and make the modifications. The services that took time was the job search. I know that it is very difficult to find positions for the alter-abled, but it still took a considerable amount of time. I ended up mainly finding my positions without assistance from VRD. VRD should really direct its clients to where the job sources are located ... and counselors need to show an interest in getting their clients gainfully employed.

Ed Hall
Consumer

V. Recommendations

Much of the current literature on organizational management stresses the importance of "getting in touch" with consumers, structuring services based on information from them, and continuously working to deliver quality services that meet their needs. The Vocational Rehabilitation Division is one of a few state agencies to candidly ask consumers what they want and publicly share the results. In many ways, consumer needs have changed during recent years and these changes are requiring some new models and efforts in the design and delivery of services. At least four major trends are directly affecting who consumers are and what they need.

Deinstitutionalization Nationally, large public institutions are significantly reducing their populations and frequently are closing entirely. As people leave institutions, the services of state agencies are needed to support them in their new community settings. The Vocational Rehabilitation Division must be prepared to provide services to people whose work disabilities have a substantial effect on many areas of life. In many cases, meeting the needs of deinstitutionalized people will require long term involvement from state agencies. Successful employment will often require ongoing support and new technologies in the work place as well as other aspects of the person's life.

Consumer Movement Consumerism is the second significant force. Consumers are more active in voicing their needs and what they expect from products and services in both public and private sectors. America has a long history of viewing public services to citizens with disabilities as charity. Within the field of human services, agencies, the consumer movement has changed the image from charity to empowerment. Like any consumer, people with disabilities expect that public services will result in the services they want, meet their expectations for quality, and respond to their individual circumstances. Private businesses that do not meet the needs of consumers soon are out of business. In the public sector, agencies that do not carefully listen to consumers lose support (and ultimately funding) or lose administrative control to consumer groups.

Civil and Human Rights Movement The third force that is shaping services in this country is the civil and human rights movement. Throughout this century, the civil and human rights movement has swept through our social cultures like a great wave. It started with the recognition of the rights of child laborers and adult workers early in this century and rolled on to embrace women, people of color, older Americans and, most recently people with disabilities. The enactment of the

Americans with Disabilities Act in 1990 is only the most recent example of legislation designed to provide full access to employment, transportation, and health care. Because of this legislation people with disabilities have a legal right to and expect jobs, accessible transportation and buildings, and access to necessary medical care. These expectations were reflected in the findings of this study.

Accountability Finally, there is a growing expectation for positive returns or outcomes for public dollar investment. There is a current belief among voters that public services are not a good value for the money spent. In November 1990, Oregonians went to the polls and passed "Ballot Measure Five", a property tax limitation measure. Since then, many analysts have tried to discern the meaning of that election. Part of the meaning may be that many people don't believe they are getting their money's worth out of public services. VRD will have to find ways to show the general public that there is good value in providing public services that train, find, and support employment opportunities for people with disabilities.

This study clearly shows the important needs of people with disabilities in Oregon. Across the state, in every region and for every age group they said they want, above all, jobs, information about and access to comprehensive services, and opportunities to learn about technology. They want to be a part of their communities and need public awareness about how people with disabilities can contribute when barriers to participation are removed. The following six recommendations address these major concerns. The proposed actions, described under each recommendation, provide a first step for the Vocational Rehabilitation Division to make changes in their system.

1. **Allocate more human and financial resources to developing jobs opportunities and follow-up support to Oregonians with disabilities.**

> *"When people have to wait a long time to get a job they begin to think of themselves as unable. This is the real barrier to employment."*
>
> *Interview*

The statement "All I want is a job," was echoed throughout meetings, interviews, and questionnaires. "Job opportunities" was the number one priority in Town Hall meetings and interviews; "Finding a job" and "Job training" were the two highest response categories in the *Individual Needs Assessment Questionnaire*. Some people want retraining and preparation for a new field of employment; others just want a job, and they want it quickly; still others require a long-term commitment in training and follow-up.

VRD has traditionally worked with the first group of people, those who have been injured or become ill and because of their disability can no longer work at the same job. The person is evaluated and, based on the results, is trained for a new line of work.

The second group, people who just want a job, complain that the rehabilitation process is too slow and inflexible. They want less emphasis on evaluation and extended job preparation. They emphatically want VRD counselors to help them locate and obtain jobs, using a process that is flexible, based on individual desires and situations, and a quick path to employment.

Changing values have brought the third group to VRD, people whose participation in community jobs has been limited or nonexistent because of a more severe and often permanent disability. This group includes people with mental retardation, mental illness, and traumatic head injuries. These groups are now successfully entering the job market through employment models that provide highly specialized training, adaptive equipment, and long-term support. Participants in this project want more programs with these characteristics, such as supported employment, so that people with severe disabilities can receive adequate services. At the present time, federal financial participation is limited to supported employment for people with developmental disabilities and mental or emotional illnesses. However, many of the features of the supported employment model, such as flexibility and long-term support are features that Oregonians with disabilities said that they want and need to obtain and keep jobs.

Actions

Develop a service model that provides choices to consumers about the level and type of support they need: training and preparation for a new field of employment; direct assistance in finding a job as soon as possible; long-term support that includes job training and maintenance.

Work with counselors and consumers to develop a "fast track" for people who simply need a job quickly.

Use Branch Offices as "Centers" to post information about local jobs, to host interview, advocacy, and job search skills activities to groups of consumers, to advocate for consumers who are looking for or need help obtaining or keeping a job.

Increase the number of supported employment programs for Oregonians with developmental disabilities and mental or emotional illnesses.

Seek out and develop new models of employment with many of the features of supported employment for other populations of people with severe and long-term disabilities.

Aggressively pursue non-federal public funding sources and private grants to develop programs with features similar to supported employment.

2. Assure the full and continued implementation of the TALN Project.

People want to know about the many types of high and low-technology devices that are available; they want to know about the application of technology in the areas of work, mobility, daily living, communication, and recreation; and they want opportunities to see and try out assistive devices. Technology information and support was the third most-referenced need in the Town Hall meetings and interviews. In the *Individual Needs Assessment Questionnaire*, people frequently cited the need for money to purchase equipment, opportunities to try out technology, and information about technology. Counselors and service providers also listed technology as a high training need.

The field of technology is undergoing rapid development and providers of services are not able to keep up with new advances and applications. The Technology Access for Life Needs (TALN) Project is a valuable program funded through VRD to bridge the gap between the development of technology and its application.

Actions

Continue to implement the TALN project. The goals of this project encompass the concerns of Oregonians with assistive technology needs. Its full implementation will promote public awareness of technology, provide opportunities for people to learn about technology that is available; and strengthen technology-related resources in regions throughout the state.

Start long-range planning for the continuation of TALN Centers once the federal grant has ended.

3. Provide basic information about VRD and related services.

People want information about their own disabilities and abilities in the context of work, community, and family life. They want information about housing, medical care, technology, and financial assistance (i.e. insurance, entitlements, and Worker's Compensation). They need to find out about services offered by support agencies and how to access those services. Finally, Oregonians with disabilities want to be able to meet and communicate with others who share their problems, hopes, and frustrations, and effectively advocate for solutions.

VRD can meet the needs of Oregonians with disabilities by providing clear and complete information to potential consumers and consumers of its services. Each person who applies for VRD services, including high school students who are in transition to the work force, will benefit from information about VRD eligibility criteria, types of services available to Oregonians with disabilities, the anticipated waiting period for services, and what they must do to receive services.

This information should be made available through many types of media so that people with all disabilities can be reached. VRD must also make special efforts to extend its services to include consumers who represent the ethnic and cultural diversity of Oregon and who, for many reasons, are not taking advantage of the VRD services they need.

Actions

Design brochures, videotapes, and audiotapes with information on VRD's services and the services available to people with disabilities through state agencies and private organizations.

Make this information available through VRD Branch Offices and other state agencies to people with hearing impairments through captioned and signed video tapes, to people with vision impairments through braille and audio tapes, and to non-English speaking people in their own languages.

Train staff in Branch Offices how to effectively reach out to their communities to bring VRD services to minority populations through work with minority leaders and minority-focused organizations.

4. **Strengthen the role of the consumer in all aspects of VRD services, from policy-making to the design and implementation of written rehabilitation plans.**

> *"Satisfying customers is the only reason we're in business."*
>
> John A. Young
> President of Hewlett-Packard

Family-centered care in medical settings, parent involvement in special education and self-advocacy activities are trends toward consumer-based services occurring throughout the United States. The impact of these trends was evident in Oregon's Town Hall meetings and interviews. Consumers, advocacy groups, agencies and providers expressed a desire for increasing the role of consumers in services. They want a voice in the design and implementation of vocational services, they want to be active participants in setting policies and establishing priorities at the state level. From an individual perspective they want to be actively involved in the design and implementation of their written rehabilitation plans. Consumers explained that they are unable to benefit from services that are designed without taking into consideration their family life, environment, culture, and other needs.

A basic principle of a consumer-focused approach is to have systems for continuously obtaining feedback and to standardize processes to improve services based on the results. One common method for getting this information is to rigorously collect information on consumers' satisfaction with services. Some organizations regularly sample satisfaction of consumers through follow-up telephone interviews or written questionnaires. Organizations can also hold public "Town Hall-type Meetings" such as those used in this project to gather community perspectives.

The use of quality indicators that are defined by consumers is another way organizations can achieve a consumer-focus. Examples of indicators may include the amount of time it takes for a counselor to respond to an application, the counselor's involvement in helping people find jobs, and satisfaction with the contacts a consumer has with the counselors. Through the use of quality indicators consumers are able to communicate their expectations about service delivery and staff are able to clearly gauge their progress in meeting those expectations.

And finally, organizations with a consumer-focus try to develop good working relations with advocacy groups. Their members can be powerful lobbyists at the legislature and they can enhance programs and services in their own communities. They also provide critical input in the development of state and local policies and management practices.

Actions

Provide training to counselors in communication strategies, mutual problem-solving processes, and attitudes that foster partnerships between consumers and those who provide services.

Develop surveys of satisfaction and implement a statewide procedure to assess consumer satisfaction of every person who applies for services. Focus on the adequacy of information about VRD services and the VRD rehabilitation process; the helpfulness of counselors and other staff; the explanation of why the applicant was or was not found eligible for services. Regularly evaluate the satisfaction of people who are receiving rehabilitation services.

Summarize this evaluative information, analyze it, and based on the results develop training strategies for counselors to improve services.

Strengthen consumer skills and involvement at the local level so that consumers can be strong advocates for stable funding of VRD programs.

Work with consumer groups to develop indicators of quality in services ("benchmarks") and implement a data collection system to demonstrate whether goals are being met.

5. **Launch a campaign to convey the vision and accomplishments of the Vocational Rehabilitation Division.**

> *"VRD is in a transition period and what they currently need is more focus, energy, advocacy, sense of excitement, and ability to reach out into the community."*
>
> *Interview*

The need for leadership within VRD was consistently mentioned in interviews and Town Hall meetings. Leadership is currently seen by many participants in this project as a barrier to effective rehabilitation services in Oregon. People spoke of a "lack of vision", "lack of enthusiasm", and "lack of proactive efforts" to find creative solutions to current issues. Although they feel the written goals truly do capture the needs of Oregonians with disabilities, they also feel that the current system does not foster the implementation of the goals in a way that meets people's needs. They want VRD to look for ways to creatively support a service delivery system that is driven by its consumers.

Some people who participated in this study feel that written rehabilitation plans make VRD services individualized. Many of the consumers, on the other hand, feel that services they may actually get are too limited, that counselors feel their most critical need - "help finding me a job - now" - is not part of their role, and services are not adjusted to their particular circumstances. For these reasons they emphatically feel that VRD rehabilitation services are not individualized.

Consumers want VRD to advocate and look for ways to overcome major barriers that people with disabilities face including transportation, affordable and accessible housing, medical care and basic living support while wages are lost.

People in Town Hall Meetings and in interviews frequently used the word "leadership" to describe how barriers to individualized services should be addressed. They want VRD administration to take a leadership role in working with Branch Offices, advocacy organizations, the business community, and other state agencies to deliver individualized and comprehensive services that will enable people to get jobs.

Actions

Redefine the role and responsibilities of counselors, branch managers, and other support staff to directly focus on whatever it takes to get people employed.

Encourage local Branch Offices to try non-traditional approaches to rehabilitation in an attempt to find effective new models of service delivery.

Try some new approaches to services at the state level. For example, locate some counselors outside of branch offices such as schools, minority agencies, or the Employment Division in an attempt to reach underserved populations.

Work with consumers, advocacy groups, and counselors to anticipate the future employment opportunities in this State and plan with other organizations the best ways to get these jobs for people with disabilities.

Continue to take a leadership role in coordinating with other agencies to deliver comprehensive services that are essential to many Oregonians with disabilities.

Develop a data-based system for continually examining the impact of VRD rehabilitation services on the lives of people with disabilities and regularly communicate the results to the Legislature, other state agencies, and advocacy groups.

6. **Educate the public about the capabilities of people with disabilities and the barriers that limit their participation in the community.**

In almost every Town Hall Meeting and throughout the interviews, public attitudes toward people with disabilities were listed as a barrier to employment and to full participation in their communities. Participants reported that many employers assume that people with disabilities cannot work. They have little information about technological and other adaptations that support employment of people with disabilities. If the general public understands that a person with an attendant can live on his or her own and with technological support can hold a job; that a person who has lost a limb can ski if she has a specific type of pole; or that someone who is deaf can contribute to a public meeting if there is an interpreter, they may begin to think about people as being "differently able" rather than dis abled.

VRD can increase public understanding and awareness through dissemination of information. Public service announcements on television and radio, newspaper articles, conferences and workshops are the media that organizations use for changing public attitudes.

With knowledge that people with disabilities are good employees more business people may hire them. By highlighting successful rehabilitation services the public becomes informed about the importance of VRD efforts and its impact on the lives of disabled people. Articles in newspapers, recognition at community functions, and personal contacts with community organizations are all mechanisms for letting people know that what they are doing to remove barriers makes a difference. The result may be more high school students with Down syndrome working at McDonalds; sit-down shopping carts as regular features of grocery stores; bus schedules printed in braille, and a host of other adaptations that will open up the community to people who are currently excluded.

Actions

Conduct a media campaign on the capabilities of people with disabilities. For example, articles in the newspaper about what technology has done for someone with a disability; radio spots regarding access to public buildings; a brochure about how people with disabilities are successful participants in the community.

Target particular business groups such as the fast-food industry, the food-processing industry, or the electronics industry to educate businesses about the benefits of employing people with disabilities.

Target community groups for presentations on both the needs of people with disabilities as well as their abilities to live productive and independent lives.

Give awards to newspapers, schools, businesses, and community groups for actions that contribute to positive views of and support for youth and adults with disabilities.

Summary

The analyzed results of this study reflect the voices of Oregonians through the Oregon - those receiving VRD services, those who want to receive rehabilitation services, and parents of youth who will soon qualify for services. It is also a reflection of those who provide the services and those who advocate for better services. The needs that surfaced were clear, consistent, and strongly felt. The recommendations were developed to reflect these needs and point the way for future planning at both the local and state levels.

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Appendix A

Questionnaires

VOCATIONAL REHABILITATION NEEDS ASSESSMENT

QUESTIONNAIRE

Directions: This questionnaire contains 25 questions. The first question asks you to write the name of the county where you live. All of the other questions ask you to give us your answer by marking an "X" in one of the boxes. Read each question and mark an "X" in one of the boxes to show us your answer. ***It is important that you answer all of the questions.*** But, if you cannot answer a question, just go on to the next questions.

Your answers are important because the Oregon Vocational Rehabilitation Division will use your answers to decide what it should do to help people with disabilities.

If you have trouble answering the questions, it is okay to have somebody help you. Thank you.

TELL US A FEW THINGS ABOUT YOURSELF.

1. **Write the name of the county where you live.**

____

2. **How old are you?**

☐ 16-21 years old ☐ 22-35 years old
☐ 36-50 years old ☐ 51-65 years old
☐ Over 65 years old

3. **Are you . . . ?**

☐ Male ☐ Female

4. **Which of the following best describes your race or ethnic group?**

☐ Caucasian (White)
☐ Hispanic
☐ Native American (Indian)
☐ African-American (Black)
☐ Oriental/Asian/Pacific Islander
☐ Other (*Please describe*) ______________

5. **What is the highest level of education that you completed?** (Circle one)

Grade 1 2 3 4 5 6 7 8 9 10 11 12
Trade School Community College
Four-Year College Graduate Degree

6. **What kind of disability do you have?**

Make an "X" in this column for each disability that you have.
Make an "X" in this column if this is your most severe disability.

☐ ☐ Amputation or loss of limb(s)
☐ ☐ Arthritis or rheumatism
☐ ☐ Back injury
☐ ☐ Blindness or low vision
☐ ☐ Burn injury

Make an "X" in this column for each disability that you have.
Make an "X" in this column if this is your most severe disability.

☐ ☐ Cancer
☐ ☐ Cerebral palsy
☐ ☐ Deafness or hard of hearing
☐ ☐ Diabetes
☐ ☐ Drug or alcohol abuse
☐ ☐ Epilepsy
☐ ☐ Head injury
☐ ☐ Heart problems
☐ ☐ Learning disability
☐ ☐ Mental illness or emotional problem (including anxiety, schizophrenia, manic depression, etc.)
☐ ☐ Mental retardation
☐ ☐ Orthopedic impairments (including polio, skeletal deformity, Brittle Bone syndrome, etc.)
☐ ☐ Respiratory illness (asthma, severe allergies, emphysema)
☐ ☐ Spinal cord injury
☐ ☐ Stroke
☐ ☐ Other (*please describe*) __________

7. **Have you received any help with getting a job or your daily living needs from VRD (Oregon Vocational Rehabilitation Division)?**

☐ Yes ☐ No

If you made an "X" by Yes, skip to Question 9. If you made an "X" by No, answer Question 8.

8. **I have not received any help from VRD because:**

☐ I was not eligible for VRD services
☐ I did not know that VRD could help me
☐ I have applied to VRD and I am waiting for services

Paradigm Systems 1991

9. **Do you have a job now?**
☐ Yes ☐ No

If you marked "Yes," keep going. If you marked "No," skip to Question 17.

TELL US A FEW THINGS ABOUT YOUR JOB

10. **How did you find your job?**
☐ Vocational rehabilitation counselor helped me
☐ Commission for the Blind helped me
☐ Workers' Compensation counselor helped me
☐ I found it on my own without any help
☐ Friend or relative helped me
☐ Rehabilitation facility staff helped me
☐ Private employment agency helped me
☐ Other (*Please describe*) ____________

11. **How many hours do you usually work in a week?**
☐ Less than 1/2 time
☐ 1/2-3/4 time
☐ About full-time

12. **Do you want to work . . . ?**
☐ More ☐ Less
☐ About the same amount

13. **How much does your job pay?**
☐ Less than $4.75 hour
☐ More than $4.75 hour
☐ I'm not sure

14. **Do you use specialized equipment or devices to help you do your job?**
☐ Yes ☐ No

15. **Do you have a job coach or other person who is paid to help you do your job?**
☐ Yes ☐ No

16. **How much do you like your job?**
☐ Very much ☐ Some
☐ I'd like to find a better job

17. **Technology can help some people get or keep a job, or become more independent in their community. Technology includes things like computers, wheelchairs, adaptive devices for work or home, machines to help you communicate, etc. Please tell us what you have or need in the way of technology.**

Mark an "X" in this column ***if you have this now.***

Mark an "X" in this column ***if you don't have this but need it.***

If you don't have the service now and you don't think you need it, just leave the boxes blank.

☐ ☐ Information about the kind of technology that is available to people with disabilities
☐ ☐ Help finding out what kind of technology will help me
☐ ☐ An opportunity to try out technology that might help me
☐ ☐ Training on how to use technology
☐ ☐ Support and maintenance for technology that I have now
☐ ☐ Money to get technology that I need
☐ ☐ Technology that will help me communicate with others. For example: voice synthesizer, communication cards.
☐ ☐ Technology that will help me with my hearing. For example: a telephone adapter, loop system, telecommunication device.
☐ ☐ Technology that will help me with my vision. For example: magnifiers, computer with voice input, braille.
☐ ☐ Technology that will help with a physical disability of my upper body. For example: adapted typewriter, adapted kitchen appliances.
☐ ☐ Technology that will help me with a physical disability of my lower body. For example: motorized wheelchair, car brake and gas pedal adaptations.
☐ ☐ Technology that will help me participate in home and community leisure/recreation activities. For example: adaptive skis, bowling adaptations, three-wheel bike for adults.

*Mark an "X" in this column **if you have this now.***

*Mark an "X" in this column **if you don't have this but need it.***

If you don't have the service now and you don't think you need it, just leave the boxes blank.

☐ ☐ Technology that will help me meet my daily living needs around home and in the community. For example: adapted homemaker equipment, motorized grocery cart, environmental controls like touch or sound switches.
☐ ☐ Technology that will help me work. For example: computer with adaptations or specialized software, modified and specialized work equipment.

18. **Being able to get health care is important for people to get and keep jobs and live independently in their communities. Please tell us what you have or need in the way of health care.**

*Mark an "X" in this column **if you have the service now.***

*Mark an "X" in this column **if you don't have the service but need it.***

If you don't have the service now and you don't think you need it, just leave the boxes blank.

☐ ☐ Regular physical check-ups and treatment by a doctor
☐ ☐ Regular dental check-up and treatment by a dentist
☐ ☐ Eye care
☐ ☐ Treatment by a psychiatrist
☐ ☐ Individual or family counseling
☐ ☐ Medicine when my doctor says I need it
☐ ☐ Surgery at a hospital
☐ ☐ Help planning a better diet (including weight loss)
☐ ☐ Physical therapy
☐ ☐ Speech therapy
☐ ☐ Occupational therapy

19. **Sometimes there are things that the Vocational Rehabilitation Division can do to help people with disabilities get or keep a satisfying job. Please let us know which of the things listed below VRD is doing for you, or which of the things you need to have VRD do for you.**

*Mark an "X" in this column **if you are getting this now.***

*Mark an "X" in this column **if you are not getting this but need it.***

If you are not getting this now and you don't think you need it, just leave the boxes blank.

☐ ☐ Information about VRD
☐ ☐ Help with career planning
☐ ☐ Job training
☐ ☐ Help finding a job
☐ ☐ Modified tools or equipment so I can keep or get a job
☐ ☐ A job that pays higher wages
☐ ☐ Help finding a job that I like better

20. **More education or schooling could help some people with disabilties keep or get a job. Tell us if you are in school or college now or if you need to go back to school to get more education.**

*Mark an "X" in this column **if you have the service now.***

*Mark an "X" in this column **if you don't have the service but need it.***

If you don't have the service now and you don't think you need it, just leave the boxes blank.

☐ ☐ Adult Basic Education (ABE)
☐ ☐ Community college
☐ ☐ Four-year college (degree program)
☐ ☐ Technical or trade school

21. **Some people with disabilities may need help so they can live more independently at home and in the community. Tell us if you are getting the kinds of help listed below, or if you are not getting help but need it.**

*Mark an "X" in this column **if you have the service now.***

↓ *Mark an "X" in this column **if you don't have the service but need it.***

↓ *If you don't have the service now and you don't think you need it, just leave the boxes blank.*

- ☐ ☐ Homemaker services
- ☐ ☐ Help finding a place to live
- ☐ ☐ Someone to help me with personal care (personal care attendant)
- ☐ ☐ Visiting nurse
- ☐ ☐ 24-hour nursing care
- ☐ ☐ Somebody to teach me to manage my money (money management)
- ☐ ☐ Somebody to teach me how to keep up my home (home management)
- ☐ ☐ Housing that has been changed to make it easier for people with disabilities (specialized housing)
- ☐ ☐ Somebody to teach me how to care for my personal needs (self-care training)

22. **People with disabilities sometimes need other kinds of help so they can get or keep a job, or live more independently in their community. Tell us if you are getting, or if you need any of the kinds of help listed below.**

*Mark an "X" in this column **if you have the service now.***

↓ *Mark an "X" in this column **if you don't have the service but need it.***

↓ *If you don't have the service now and you don't think you need it, just leave the boxes blank.*

- ☐ ☐ Information about the kinds of help that are available to people with disabilities.

*Mark an "X" in this column **if you have the service now.***

↓ *Mark an "X" in this column **if you don't have the service but need it.***

↓ *If you don't have the service now and you don't think you need it, just leave the boxes blank.*

- ☐ ☐ Help from a lawyer
- ☐ ☐ Help from an advocate who will speak up for my rights
- ☐ ☐ Child care
- ☐ ☐ Personal or family support group where I can go and talk with other people who are dealing with the same problems that I have.
- ☐ ☐ A relationship or friendship with someone who will help me when I need it.
- ☐ ☐ Transportation so I can get to work
- ☐ ☐ Transportation so I can get out in my community
- ☐ ☐ Help from a case manager so I can get the services that I need
- ☐ ☐ Things to do for recreation and leisure
- ☐ ☐ Information about self-advocacy

23. **Does fear for your personal safety in the community limit your ability to keep a job or go out in the community?**
    - ☐ Most of the time
    - ☐ Never
    - ☐ Sometimes

24. **Does other people's lack of sensitivity about your disability limit your ability to do your job or go out in the community?**
    - ☐ Most of the time
    - ☐ Never
    - ☐ Sometimes

25. **How is the overall quality of your life?**
    - ☐ Very good
    - ☐ Pretty good
    - ☐ Not so good

Thanks for taking the time to complete this questionnaire. You have been really helpful.

TECHNOLOGY ACCESS FOR LIFE NEEDS (TALN) AND VOCATIONAL REHABILITATION NEEDS ASSESSMENT

PARENT QUESTIONNAIRE

Directions: This questionnaire contains 13 questions. Read each question and mark an "X" in one of the boxes to show us your answer. ***Please try to answer all of the questions.***

The information you provide will help the Oregon Vocational Rehabilitation Division and the Technology Access for Life Needs (TALN) program decide what services to offer to children with disabilities and their families.

Thank you.

TELL US A FEW THINGS ABOUT YOUR CHILD.

1. **Write the name of the county where you live.**

____

2. **How old is your child?**

☐ Under 2
☐ 3-5 years old
☐ 6-11 years old
☐ 12-15 years old
☐ 16-21 years old

3. **Is your child . . . ?**

☐ Male
☐ Female

4. **Which of the following best describes your child's race or ethnic group?**

☐ Caucasian (White)
☐ Hispanic
☐ Native American (Indian)
☐ African-American (Black)
☐ Oriental/Asian/Pacific Islander
☐ Other (*Please describe*) ______________

5. **What is the your child's grade and/or educational placement?** (Circle)

Grade 1 2 3 4 5 6 7 8 9 10 11 12

Resource Room

Self-Contained Classroom

Self-Contained Classroom with Mainstreaming

6. **What kind of disability does your child have?**

Make an "X" in this column for each disability that your child has.

Make an "X" in this column if this is your child's most severe disability.

☐ ☐ Vision impairment
☐ ☐ Hearing impairment
☐ ☐ Mental retardation
☐ ☐ Motor impairment
☐ ☐ Severe health impairment
☐ ☐ Autism

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7. **Technology can help some people do better in school, get or keep a job, or become more independent in their community. Technology includes things like computers, wheelchairs, adaptive devices for work or home, machines to help people communicate, etc. To help you with this question, there is a list with examples of technology that comes with this questionnaire. Please tell us what your child has or needs in the way of technology.**

*Mark an "X" in this column **if your child has this now.***

*Mark an "X" in this column **if your child doesn't have this service but needs it.***

☐ ☐ Information about the kinds of technology that is available to people with disabilities
☐ ☐ Help finding out what kind of technology will help my child
☐ ☐ Training on how to use technology
☐ ☐ An opportunity to try out technology that might help my child
☐ ☐ Support and maintenance for technology that my child has now
☐ ☐ Money to get technology that my child needs
☐ ☐ Technology that will help my child to hear better. For example: a telephone adapter, loop system, telecommunication device.
☐ ☐ Technology that will help my child's vision. For example: magnifiers, computer with voice input, braille.
☐ ☐ Technology that will help with a physical disability of my child's upper body. For example: adapted typewriter, adapted kitchen appliances.
☐ ☐ Technology that will help with a physical disability of my child's lower body. For example: motorized wheelchair, car brake and gas pedal adaptations.
☐ ☐ Technology that will help my child communicate with others. For example: voice synthesizer, communication cards.
☐ ☐ Technology that will help my child meet daily living needs around home and in the community. For example: adapted homemaker equipment, motorized grocery cart, environmental controls like touch or sound switches.
☐ ☐ Technology that will help my child take part in home and community leisure/recreation activities. For example: adaptive skis, bowling adaptations, three-wheel bike for adults.
☐ ☐ Technology that will help my child perform a job. For example: computer with adaptations of specialized software, modified and specialized work equipment.

WHAT ABOUT HEALTH CARE . . . ?

8. **Being able to get health care is important for people to live independently in their communities. Please tell us what your child has or needs in the way of health care.**

*Mark an "X" in this column **if your child has this service now.***

*Mark an "X" in this column **if your child does not have this service but needs it.***

☐ ☐ Regular physical check-ups and treatment by a doctor
☐ ☐ Regular dental check-up and treatment by a dentist
☐ ☐ Eye care
☐ ☐ Treatment by a psychiatrist
☐ ☐ Individual or family counseling
☐ ☐ Medicine when my child's doctor says it is needed
☐ ☐ Surgery at a hospital
☐ ☐ Help planning a better diet (including weight loss)
☐ ☐ Physical therapy
☐ ☐ Speech therapy
☐ ☐ Occupational therapy

TECHNOLOGY ACCESS FOR LIFE NEEDS (TALN) AND VOCATIONAL REHABILITATION NEEDS ASSESSMENT

FOR YOUTH (Ages 15 - 21)

9. **Sometimes there are things that the Vocational Rehabilitation Division can do to help people with disabilities get or keep a satisfying job. Please let us know which of the things listed below you want VRD to do for your son or daughter.**

*Mark an "X" in this column **if you think your child needs this NOW.***

*Mark an "X" in this column **if you think your child will need this in the next few years.***

☐ ☐ Information about VRD
☐ ☐ Help with career planning
☐ ☐ Job training
☐ ☐ Help finding a job
☐ ☐ Modified tools or equipment to keep or get a job
☐ ☐ A job that pays higher wages

10. **Some people with disabilities may need help so they can live more independently at home and in the community.**

*Mark an "X" in this column **if your child needs the service NOW.***

*Mark an "X" in this column **if your child will need this service in the next few years.***

☐ ☐ Homemaker services
☐ ☐ Help finding a place to live
☐ ☐ Someone to help with personal care (personal care attendant)
☐ ☐ Visiting nurse
☐ ☐ 24-hour nursing care
☐ ☐ Somebody to teach my child to manage money (money management)
☐ ☐ Somebody to teach my child how to keep up a home (home management)
☐ ☐ Housing that has been changed to make it easier for people with disabilities (specialized housing)
☐ ☐ Somebody to teach my child how to care for personal needs (self-care training)

11. **People with disabilities sometimes need other kinds of help so they can get or keep a job, or live more independently in their community.**

*Mark an "X" in this column **if your child needs this service NOW.***

*Mark an "X" in this column **if your child will need the service in the next few years***

☐ ☐ Information about the kinds of help that are available to people with disabilities.
☐ ☐ Help from a lawyer
☐ ☐ Help from an advocate who will speak up for my child's rights
☐ ☐ Child care
☐ ☐ Personal or family support group where my child can go and talk with other people who are dealing with the same problems.
☐ ☐ A relationship or friendship with someone who will help when he/she needs it.
☐ ☐ Transportation to get to work
☐ ☐ Transportation to get out in the community
☐ ☐ Help from a case manager so he/she can get the services that are needed
☐ ☐ Things to do for recreation and leisure
☐ ☐ Information about self-advocacy

12. **Does other people's lack of sensitivity about your child's disability limit your family's ability to go out in the community?**
    - ☐ Most of the time
    - ☐ Never
    - ☐ Sometimes

13. **What do you feel is the overall quality of your child's life?**
    - ☐ Very good
    - ☐ Pretty good
    - ☐ Not so good

Thanks for taking the time to complete this questionnaire. You have been really helpful.

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VOCATIONAL REHABILITATION NEEDS ASSESSMENT

COUNSELOR QUESTIONNAIRE

Directions: This questionnaire contains 14 questions. Read each question and mark an "X" in one of the boxes to show your answer. Your answers are important because the Oregon Vocational Rehabilitation Division will use them to decide what to do in the next few years to help people with disabilities. Thank you.

TELL US A FEW THINGS ABOUT YOURSELF.

1. **Write the name of the county where you work.**

   ____

2. **How long have you been a counselor?**
   - ☐ Less than one year
   - ☐ One year
   - ☐ 2-3 years
   - ☐ 4-5 years
   - ☐ 6-10 years
   - ☐ Over 10 years

3. **How well do you feel VRD generally meets the needs of people with the following disabilities?**

☐ Very Well
  ☐ Moderately Well
    ☐ Not Well

☐ ☐ ☐ Amputation or loss of limb(s)
☐ ☐ ☐ Arthritis or rheumatism
☐ ☐ ☐ Back injury
☐ ☐ ☐ Blindness or low vision
☐ ☐ ☐ Burn injury
☐ ☐ ☐ Cancer
☐ ☐ ☐ Cerebral palsy
☐ ☐ ☐ Deafness or hard of hearing
☐ ☐ ☐ Diabetes
☐ ☐ ☐ Drug or alcohol abuse
☐ ☐ ☐ Epilepsy
☐ ☐ ☐ Head injury
☐ ☐ ☐ Heart problems
☐ ☐ ☐ Learning disability
☐ ☐ ☐ Mental illness or emotional problem (including anxiety, schizophrenia, manic depression, etc.)
☐ ☐ ☐ Mental retardation
☐ ☐ ☐ Orthopedic impairments (including polio, skeletal deformity, Brittle Bone syndrome, etc.)
☐ ☐ ☐ Respiratory illness (asthma, severe allergies, emphysema)
☐ ☐ ☐ Spinal cord injury
☐ ☐ ☐ Stroke
☐ ☐ ☐ Other (*please describe*) ______

4. **Do you feel there are other populations of people who are not currently being served? (Examples: people in rural areas, Hispanic people, people of a particular age group.)**

   ☐ Yes ☐ No

   If Yes, please describe. ____________

   ____

   ____

5. **Sometimes there are things that the Vocational Rehabilitation can do to help people with disabilities get or keep a satisfying job. Please mark the boxes below to indicate 1) the quality of existing services, 2) whether you would like training, and 3) whether people with disabilities you see at work need any of the following services:**

Mark an "X" in this column if you would like training offered in this area.

  Mark an "X" in this column if you feel this is an important need of people with disabilities.

    Mark a "1" in this column if you feel the quality of services in this area is "high;" "2" if you feel they are "moderate;" "3" if you think the quality of services is "low." You may leave the boxes blank if you don't know or if you feel the services aren't available.

☐ ☐ ☐ Community-based Evaluation/ Situational Assessment

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☐ ☐ ☐ Facility-based Evaluation/Situational Assessment
☐ ☐ ☐ Work Adjustment Training
☐ ☐ ☐ Occupational Skill Training
☐ ☐ ☐ Job Development/Placement
☐ ☐ ☐ Supported Employment
☐ ☐ ☐ Sheltered Employment
☐ ☐ ☐ Post-Employment Services
☐ ☐ ☐ Job Enhancement
☐ ☐ ☐ Technology Trade School Training
☐ ☐ ☐ Adult Basic Education
☐ ☐ ☐ Community College/Four-Year Degree Programs
☐ ☐ ☐ Independent Living Center
☐ ☐ ☐ Other ______________________
☐ ☐ ☐ Other ______________________

6. **Technology can help some people get or keep a job, or become more independent in their community. Technology includes things like computers, wheelchairs, adaptive devices for work or home, devices to help people communicate. Please mark the boxes below to indicate whether you would like training AND whether you feel the people with disabilities you see at work need any of the following:**

Mark an "X" in this column if you would like training offered in this area.

Mark an "X" in this column if you feel this is an important need of people with disabilities.

You may leave the boxes blank if you don't know.

☐ ☐ Information about the kind of technology that is available to people with disabilities
☐ ☐ Help finding out what kind of technology will help specific people
☐ ☐ Training on how to use technology
☐ ☐ An opportunity to try out technology that might help
☐ ☐ Support and maintenance for technology
☐ ☐ Money to get technology that a person with disabilities needs
☐ ☐ Technology that will help communication with others. For example: voice synthesizer, communication cards.
☐ ☐ Technology that will help with hearing. For example: a telephone adapter, loop system, telecommunication device.
☐ ☐ Technology that will help with vision. For example: magnifiers, computer with voice input, braille.
☐ ☐ Technology that will help with a physical disability of the upper body. For example: adapted typewriter, adapted kitchen appliances.
☐ ☐ Technology that will help with a physical disability of the lower body. For example: motorized wheelchair, car brake and gas pedal adaptations.
☐ ☐ Technology that will help meet daily living needs around home and in the community. For example: adapted homemaker equipment, motorized grocery cart, environmental controls like touch or sound switches.
☐ ☐ Technology that will help participation in home and community leisure/recreation activities. For example: adaptive skis, bowling adaptations, three-wheel bike for adults.
☐ ☐ Technology that will help with jobs. For example: computer with adaptations or specialized software, modified and specialized work equipment.
☐ ☐ Other. Please describe. __________

____

7. **Being able to have health care is important for people to get and keep jobs and live independently in their communities. Please mark the boxes below to indicate whether you feel the people with disabilities you see at work need any of the following:**

Mark an "X" in this column if you feel this is an important need of people with disabilities.

If you don't think there is a need, just leave the boxes blank.

☐ Regular physical check-ups and treatment by a doctor

☐ Regular dental check-ups and treatment by a dentist
☐ Eye care
☐ Treatment by a psychiatrist
☐ Individual or family counseling
☐ Medicine when a doctor says it is needed
☐ Surgery at a hospital
☐ Help planning a better diet (including weight loss)
☐ Physical therapy
☐ Speech therapy
☐ Occupational therapy
☐ Other ______________________

8. **Some people with disabilities may need help so they can live more independently at home and in the community. Please mark the boxes below to indicate whether you feel people with disabilities need any of the following services and the quality of those services in your area:**

Mark an "X" in this column if you feel this is an important need of people with disabilities.

Mark an "1" in this column if you feel the quality of services in this area is "high;" "2" if you feel they are "moderate;" "3" if you think the quality is "low." Leave the boxes blank if you do not know or if you believe services aren't available.

☐ ☐ Homemaker services
☐ ☐ Help finding a place to live
☐ ☐ Someone to help with personal care (personal care attendant)
☐ ☐ Visiting nurse
☐ ☐ 24-hour nursing care
☐ ☐ Somebody to teach money management
☐ ☐ Somebody to teach how to keep up a home (home management)
☐ ☐ Housing that has been changed to make it easier for people with disabilities (specialized housing)
☐ ☐ Somebody to teach how to care for personal needs (self-care training)

9. **People with disabilities sometimes need other kinds of help so they can get or keep a job, or live more independently in their community. Please mark the boxes below to indicate whether you feel people with disabilities need any of the following services and the quality of those services in your area:**

Mark an "X" in this column if you feel this is an important need of people with disabilities.

Mark an "1" in this column if you feel the quality of services in this area is "high;" "2" if you feel they are "moderate;" "3" if you think the quality is "low." Leave the boxes blank if you do not know or if you believe services aren't available.

☐ ☐ Information about the kinds of help that are available to people with disabilities.
☐ ☐ Help from a lawyer
☐ ☐ Help from an advocate who will speak up for a person's rights
☐ ☐ Child care
☐ ☐ Personal or family support group where a person can go and talk with other people who are dealing with the same problems.
☐ ☐ A relationship or friendship with someone who will help when it is needed.
☐ ☐ Transportation to work
☐ ☐ Transportation to get out in the community
☐ ☐ Help from a case manager to get the services that are needed
☐ ☐ Things to do for recreation and leisure
☐ ☐ Information about self-advocacy
☐ ☐ Other ______________________

10. **Is there any other training you would like to be available? Please mark the boxes below to indicate other training you want to be available. You may add categories of your own.**

☐ Basic Counselor Training
☐ Updates on VRD and related services.
☐ Information about exemplary approaches to services.
☐ Quality improvement and approaches to evaluation and program monitoring.
☐ IWRD development
☐ Services available through other agencies.
☐ Information about the services provided by independent living centers.
☐ Other *(please describe)* ____________

Other *(please describe)* ____________

11. **Do you feel that the public lacks sensitivity to disabilities to the extent that it limits the ability of people with disabilities to do their jobs or go out in the community?**

☐ Most of the time
☐ Never
☐ Sometimes

12. **What, in your opinion, is the MAJOR unmet need of people with disabilities that, if met, would most improve the quality of their lives?**

____

____

13. **In your opinion, what is the ONE KEY barrier, that, if removed, would improve services to people with disabilities the most?**

____

____

14. **Based on your experience, what is the most important action that could be taken to help YOU provide better services to people with disabilities?**

____

____

THANK YOU

VOCATIONAL REHABILITATION NEEDS ASSESSMENT

SERVICE PROVIDER QUESTIONNAIRE

Directions: This questionnaire contains 14 questions. Read each question and mark an "X" in one of the boxes to show your answer. Your answers are important because the Oregon Vocational Rehabilitation Division will use them to decide what to do in the next few years to help people with disabilities. Thank you.

TELL US A FEW THINGS ABOUT YOURSELF.

1. **Write the name of the county where your agency is located.**

   ____

2. **How long have you been a service provider?**
   - ☐ Less than one year
   - ☐ One year
   - ☐ 2-3 years
   - ☐ 4-5 years
   - ☐ 6-10 years
   - ☐ Over 10 years

3. **What kind of disabilities do the people who receive services in your organization have?**

   Mark an "X" in this column for each disability.

   Mark an "X" in this column if this is the primary disability.

   ☐ ☐ Amputation or loss of limb(s)
   ☐ ☐ Arthritis or rheumatism
   ☐ ☐ Back injury
   ☐ ☐ Blindness or low vision
   ☐ ☐ Burn injury
   ☐ ☐ Cancer
   ☐ ☐ Cerebral palsy
   ☐ ☐ Deafness or hard of hearing
   ☐ ☐ Diabetes
   ☐ ☐ Drug or alcohol abuse
   ☐ ☐ Epilepsy
   ☐ ☐ Head injury
   ☐ ☐ Heart problems
   ☐ ☐ Learning disability
   ☐ ☐ Mental illness or emotional problem (including anxiety, schizophrenia, manic depression, etc.)
   ☐ ☐ Mental retardation
   ☐ ☐ Orthopedic impairments (including polio, skeletal deformity, Brittle Bone syndrome, etc.)
   ☐ ☐ Respiratory illness (asthma, severe allergies, emphysema)
   ☐ ☐ Spinal cord injury
   ☐ ☐ Stroke
   ☐ ☐ Other (*please describe*) __________

4. **Do you feel there are other populations of people who are not currently being served? (Examples: people in rural areas, Hispanic people, people of a particular age group.)**

   ☐ Yes ☐ No

   If Yes, please describe. __________

   ____

   ____

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5. **Sometimes there are things that the Vocational Rehabilitation can do to help people with disabilities get or keep a satisfying job. Please mark the boxes below to indicate whether people with disabilities you see at work need any of the following services:**

Mark an "X" in this column if people with disabilities in your agency are using this service:

Mark an "X" in this column if you feel this is an important need of people with disabilities, then circle the three most important areas.

You may leave the boxes blank if you don't know.

☐ ☐ Community-based Evaluation/Situational Assessment
☐ Facility-based Evaluation/Situational Assessment
☐ ☐ Work Adjustment Training
☐ ☐ Occupational Skill Training
☐ ☐ Job Development/Placement
☐ ☐ Supported Employment
☐ ☐ Sheltered Employment
☐ ☐ Post-Employment Services
☐ ☐ Job Enhancement
☐ ☐ Technology Trade School Training
☐ ☐ Adult Basic Education
☐ ☐ Community College/Four-Year Degree Programs
☐ ☐ Independent Living Center
☐ ☐ Other ____________________
☐ ☐ Other ____________________

6. **Technology can help some people get or keep a job, or become more independent in their community. Technology includes things like computers, wheelchairs, adaptive devices for work or home, devices to help people communicate. Please mark the boxes below to indicate whether you would like training AND whether you feel the people with disabilities you see at work need any of the following:**

Mark an "X" in this column if you would like training offered in this area.

Mark an "X" in this column if you feel this is an important need of people with disabilities.

You may leave the boxes blank if you don't know.

☐ ☐ Information about the kind of technology that is available to people with disabilities
☐ ☐ Help finding out what kind of technology will help specific people
☐ ☐ Training on how to use technology
☐ ☐ An opportunity to try out technology that might help
☐ ☐ Support and maintenance for technology
☐ ☐ Money to get technology that a person with disabilities needs
☐ ☐ Technology that will help communication with others. For example: voice synthesizer, communication cards.
☐ ☐ Technology that will help with hearing. For example: a telephone adapter, loop system, telecommunication device.
☐ ☐ Technology that will help with vision. For example: magnifiers, computer with voice input, braille.
☐ ☐ Technology that will help with a physical disability of the upper body. For example: adapted typewriter, adapted kitchen appliances.
☐ ☐ Technology that will help with a physical disability of the lower body. For example: motorized wheelchair, car brake and gas pedal adaptations.

☐ ☐ Technology that will help meet daily living needs around home and in the community. For example: adapted homemaker equipment, motorized grocery cart, environmental controls like touch or sound switches.

☐ ☐ Technology that will help participation in home and community leisure/recreation activities. For example: adaptive skis, bowling adaptations, three-wheel bike for adults.

☐ ☐ Technology that will help with jobs. For example: computer with adaptations or specialized software, modified and specialized work equipment.

☐ ☐ Other. Please describe. ________

____

7. **Being able to have health care is important for people to get and keep jobs and live independently in their communities. Please mark the boxes below to indicate whether you feel the people with disabilities you see at work need any of the following:**

Mark an "X" in this column if you feel this is an important need of people with disabilities, then circle the three areas you feel are most important.

If you don't think there is a need, just leave the boxes blank.

☐ Regular physical check-ups and treatment by a doctor
☐ Regular dental check-ups and treatment by a dentist
☐ Eye care
☐ Treatment by a psychiatrist
☐ Individual or family counseling
☐ Medicine when a doctor says it is needed
☐ Surgery at a hospital
☐ Help planning a better diet (including weight loss)
☐ Physical therapy
☐ Speech therapy
☐ Occupational therapy
☐ Other ______________________

8. **Some people with disabilities may need help so they can live more independently at home and in the community. Please mark the boxes below to indicate whether you feel people with disabilities need any of the following services:**

Mark an "X" in this column if you feel this is an important need of people with disabilities.

☐ Homemaker services
☐ Help finding a place to live
☐ Someone to help with personal care (personal care attendant)
☐ Visiting nurse
☐ 24-hour nursing care
☐ Somebody to teach money management
☐ Somebody to teach how to keep up a home (home management)
☐ Housing that has been changed to make it easier for people with disabilities (specialized housing)
☐ Somebody to teach how to care for personal needs (self-care training)
☐ Group homes
☐ Independent living
☐ Other ______________________

9. **People with disabilities sometimes need other kinds of help so they can get or keep a job, or live more independently in their community. Please mark the boxes below to indicate whether you feel people with disabilities need any of the following services:**

Mark an "X" in this column if you feel this is an important need of people with disabilities, then circle the three areas that are most important.

☐ Information about the kinds of help that are available to people with disabilities.
☐ Help from a lawyer
☐ Help from an advocate who will speak up for a person's rights
☐ Child care

- ☐ Personal or family support group where a person can go and talk with other people who are dealing with the same problems.
- ☐ A relationship or friendship with someone who will help when it is needed.
- ☐ Transportation to work
- ☐ Transportation to get out in the community
- ☐ Help from a case manager to get the services that are needed
- ☐ Things to do for recreation and leisure
- ☐ Information about self-advocacy
- ☐ Other ____________________

10. **Is there any other training you would like to be available? Please mark the boxes below to indicate other training you want to be available. You may add categories of your own.**

- ☐ Updates on VRD and related services.
- ☐ Information about exemplary approaches to services.
- ☐ Quality improvement and approaches to evaluation and program monitoring.
- ☐ Services available through other agencies.
- ☐ Other *(please describe)* ____________

Other *(please describe)* ____________

11. **Do you feel that the public lacks sensitivity to disabilities to the extent that it limits the ability of people with disabilities to do their jobs or go out in the community?**

- ☐ Most of the time
- ☐ Never
- ☐ Sometimes

12. **What, in your opinion, is the MAJOR unmet need of people with disabilities that, if met, would most improve the quality of their lives?**

____

____

13. **In your opinion, what is the ONE KEY barrier, that, if removed, would improve services to people with disabilities the most?**

____

____

14. **Based on your experience, what is the most important action that could be taken to help YOU provide better services to people with disabilities?**

____

____

THANK YOU

Appendix B

Summary of Town Hall Meetings

SUMMARY

p. 1

Job Opportunities		Comprehensive Support	Equipment Technology	Consumer Support Groups	Streamlined Services	Public Awareness	Education & Training	Responsiveness & Individualization
Need more job opportunities	More information & education for employers	Help with costs for individual needs	Need increased options for adaptive equipment	Need consumer groups	Need to streamline VR process	More public acceptance, remove attitudinal barriers	More training that is practical & marketable	Equity in services (serve regardless of disability)
More job opportunities	VRD needs more job developers	Affordable accessible housing	Need for $$ for equipment & for accessibility	Provision for individual & group support	Speed up program	Elimination of attitudinal barriers	Meet educational needs	Flexible system to meet needs
Access to wider range of jobs	More emphasis on capabilities/benefits of hiring disabled people	Need more support for families	Poor availability & maintenance of equipment	Unions for people with disabilities for self advocacy	More expeditious VR services	On-going battle with ignorance	Limited training resources in local areas	Insufficient choice & control
Limited job resources	Nonreceptive & unaware employers of incentives	Incomplete consideration of family & financial needs	Environmental adaptations	Limited community based support	Immediate access to comprehensive services & resources	Community/peer awareness & education	Need more training	Assure consumer-driven services
Variety of employment options & support	Need more economic development	Money to exist	Equal accessibility to TALN services	Comprehensive support group & networking	Reduce red tape	Value in the profession	Lifelong access to individualized training & education	Lack of initial communication with individual
Lack of access to employment		Independent living support systems	Better on-going flexible & individualized services	Better advocacy services	System overload delays & limits service	Increased community awareness & sensitivity to disabilities	Insufficient comprehensive educational support	More personalized services
Limited &/or inadequate job support		More funding for independent living	Assure technology update & maintenance	Increased legal advocacy & support	Increasingly complex client issues	Increased awareness & support of public	Creative individualized training & educational opportunities	Assessment & clear interpretation to individual
More job placement & follow up		Parent relief	Need for community accessibility	Need real friends & support	VRD needs more staff to cut wait list	Ineffective public awareness & support	Medical support, training & education	Self direction in choices
(17)		(13)	(11)	(10)	(9)	(9)	(9)	(9)

SUMMARY

p. 2

Job Opportunities (cont'd)		Comprehensive support (cont'd)	Equipment & Technology (cont'd)	Consumer Support Groups (cont'd)	Streamlined Services (cont'd)	Public Awareness (cont'd)	Education & Training (cont'd)	Responsiveness & Individualization (cont'd)
Full range of job counseling & job placement services that are individualized		Social/academic integration and support	More funding for equipment	Mental & emotional support	Limited staff prevents effective & timely services	Lack of awareness &/or acceptance of the disabled	Flexible curriculum, academic modification	Improve VR/client communication
		Inequitable distribution of social supports in rural areas	Development & maintenance with technical expertise	Increased client motivation				
Inappropriate job placement system		Start with basic human needs	Total communication devices					
Job site education issues		More support funds						
Additional coordination for job placement		More available housing						

SUMMARY

p.3

Total Community Support	Administrative Leadership	Coordination	Affordable & Accessible Health Care	Counselor Attitudes	Information About VR			
Enforce 504 ADA	Conflicting priorities create inequities	Coordination & education	Obtaining quality health care	Need compassionate helpful counselors	Need more information about VR Services			
Meet transportation needs	Narrow vision for VRD	Inadequate networking between agencies	Lack of on-going health care	Cultural sensitivity training for counselors	Unclear, imprecise definition of VR			
Need for community awareness & participation	Ineffective management systems prevent achievement of goals	Better coordination & more info. training & resources	Health insurance available for everyone	Irresponsible & inconsistent communication with consumer	Need better local information & presentation			
Assistance with transportation needs	Development of administrative prowess	Coordinate with community activities	Unaffordable & inaccessible medical care	More dependable respectful treatment				
Better accessibility	Creation of stable long-term funding	Increase inter-agency cooperation	Socialized medicine	Self esteem				
Increase accessible transportation	Inadequate funds for client maintenance	Expanding reliable resources	Ensure medical needs are met					
Need more community accessibility	Inadequate state revenue severely limits service	Increase resource effectiveness & efficiency						
Total access to all								
(8)	(7)	(7)	(6)	(5)	(3)			

Appendix C

Individual Needs Assessment Questionnaire

Results by:

Receiving VRD Services

Gender

Age Group

Region

VRD Served

There are few differences in unmet needs between people who receive VRD services and those who do not. There is a similar pattern of unmet needs identified by people in both groups for every item except those in "Rehabilitation Services". In this category, all but one of the items were identified as a need by more than 25% of the respondents not receiving VRD services. On the other hand, only two items in this category were identified as an important unmet need by people who *were* receiving VRD services - "Finding a Job" (32%) and "Higher Wages" (27%). The pattern of these data may show the impact that rehabilitation services has on the needs of Oregonians.

Area	**VRD-Served** (N=310)	**Not Served** (N=478)
Assistive Technology		
Information	32%	37%
Help finding technology	35%	39%
Training	38%	37%
Opportunity to try out	34%	35%
Support & maintenance	19%	14%
Money to obtain	40%	37%
Communication	6%	9%
Hearing	8%	7%
Vision	5%	7%
Upper Body Dis.	16%	10%
Lower Body Dis.	14%	9%
Daily living needs	20%	16%
Leisure/recreation	18%	12%
Work technology	21%	16%
Health Care		
Physical check-ups	20%	20%
Dental check-ups	35%	27%
Eye care	21%	21%
Psychiatrist	9%	4%
Counseling	15%	8%
Medicine	14%	15%
Surgery	7%	6%
Diet	18%	15%
Physical Therapy	17%	15%
Speech Therapy	5%	4%
Occupational Therapy	14%	15%

Percent of respondents who identified items as important unmet needs.

Rehabilitation Services		
Information	10%	27%
Career Planning	21%	42%
Job Training	24%	50%
Finding a Job	32%	48%
Modified Tools	19%	27%
Higher Wages	27%	25%
Job I Like More	22%	21%
Education		
Adult Basic Education	5%	6%
Community College	17%	13%
4-Year College	14%	11%
Technical/Trade School	16%	19%
Independent Living		
Homemaker services	11%	7%
Place to live	11%	11%
Personal Attendant	5%	4%
Visiting Nurse	4%	3%
24-hr Nursing Care	3%	1%
Money Management	9%	6%
Home Management	6%	4%
Specialized Housing	14%	9%
Self-Care Training	5%	3%
Other		
Information	29%	40%
Lawyer	12%	8%
Advocate	14%	14%
Child Care	5%	4%
Support Group	18%	13%
Friendship	12%	14%
Job Transportation	6%	4%
Other Transportation	14%	15%
Case Manager	13%	14%
Recreation/Leisure	11%	21%
Self-Advocacy	19%	17%

Gender

A similar pattern was evident whether respondents were men or women. The same items were identified by 25% or more of the respondents except for "Higher Wages" (29% of men) and "Job They Liked More" (25% of men).

Area	**Male** (N=422)	**Female** (N=365)
Assistive Technology		
Information	39%	32%
Help finding technology	41%	33%
Training	39%	35%
Opportunity to try out	37%	32%
Support & maintenance	18%	13%
Money to obtain	41%	35%
Communication	9%	6%
Hearing	7%	9%
Vision	7%	5%
Upper Body Dis.	10%	16%
Lower Body Dis.	9%	12%
Daily living needs	17%	19%
Leisure/recreation	14%	16%
Work technology	19%	16%
Health Care		
Physical check-ups	22%	16%
Dental check-ups	33%	26%
Eye care	23%	18%
Psychiatrist	7%	6%
Counseling	9%	12%
Medicine	14%	16%
Surgery	7%	6%
Diet	17%	17%
Physical Therapy	17%	15%
Speech Therapy	5%	4%
Occupational Therapy	18%	10%

Percent of respondents who identified items as important unmet needs.

Rehabilitation Services		
Information	24%	17%
Career Planning	36%	31%
Job Training	43%	34%
Finding a Job	45%	36%
Modified Tools	24%	23%
Higher Wages	29%	22%
Job I Like More	25%	15%
Education		
Adult Basic Education	7%	3%
Community College	16%	12%
4-Year College	14%	11%
Technical/Trade School	24%	12%
Independent Living		
Homemaker services	7%	11%
Place to live	12%	11%
Personal Attendant	4%	5%
Visiting Nurse	3%	3%
24-hr Nursing Care	2%	1%
Money Management	7%	8%
Home Management	5%	5%
Specialized Housing	9%	13%
Self-Care Training	4%	3%
Other		
Information	39%	31%
Lawyer	10%	8%
Advocate	16%	10%
Child Care	4%	6%
Support Group	16%	14%
Friendship	13%	12%
Job Transportation	16%	11%
Other Transportation	13%	12%
Case Manager	18%	15%
Recreation/Leisure	18%	17%
Self-Advocacy	15%	14%

Age Group

The same assistive technology needs were repeated across age group with two exceptions. First, youth between the ages of 16 and 21 tend to identify additional unmet needs in the areas of home and community living. For example, more than 25% of people in this age group identify assistive technology as an important need in the area of "Daily Living Needs" (26%) and "Work Technology (35%) and "Leisure and Recreation" (41%). Other areas that are important to them include "Job Transportation" (35%), "Other Transportation (29%), and "Case Management" (39%). These results are not surprising because people in the transition age group are preparing for adult living. Both independent home and community life skills are important to them.

The second exception is in the group of people 65 years of age or older. No area of the questionnaire was identified as an important needs by at least 25% of this group. This does not mean that people with disabilities who are 65 years of age or older have no needs. Instead, the questionnaire may not have addressed issues that are important to them or they do not perceive the areas listed in the questionnaire as relevant.

Area	**Age Grouping:**				
	16-21 (N=68)	**22-35** (N=234)	**36-50** (N=342)	51-65 (N=114)	65+ (N=49)
Assistive Technology					
Information	34%	33%	40%	33%	12%
Help finding	57%	36%	38%	35%	12%
Training	53%	36%	38%	36%	12%
Opportunity to try	47%	32%	36%	39%	10%
Support	9%	15%	18%	20%	4%
Money to obtain	41%	38%	39%	44%	12%
Communication	21%	9%	6%	9%	0%
Hearing	9%	7%	8%	10%	8%
Vision	6%	5%	7%	7%	6%
Upper Body Dis.	12%	13%	15%	10%	0%
Lower Body Dis.	9%	9%	12%	12%	6%
Daily living needs	29%	18%	17%	11%	4%
Leisure/recreation	31%	13%	14%	12%	2%
Work technology	32%	15%	18%	18%	8%
Health Care					
Physical check-ups	18%	23%	20%	19%	4%
Dental check-ups	28%	33%	35%	22%	6%
Eye care	16%	22%	23%	22%	4%
Psychiatrist	6%	8%	6%	4%	4%
Counseling	13%	12%	13%	6%	0%
Medicine	9%	15%	17%	15%	2%
Surgery	10%	7%	6%	4%	0%
Diet	16%	16%	18%	17%	12%
Physical Therapy	12%	14%	18%	18%	10%
Speech Therapy	12%	4%	5%	1%	2%
Occupat. Therapy	10%	13%	18%	13%	6%

Percent of respondents who identified items as important unmet needs.

Rehabilitation Services					
Information	19%	20%	23%	22%	4%
Career Planning	46%	43%	35%	19%	2%
Job Training	44%	50%	41%	29%	2%
Finding a Job	47%	51%	44%	30%	4%
Modified Tools	25%	32%	24%	14%	4%
Higher Wages	24%	35%	26%	18%	4%
Job I Like More	24%	28%	21%	16%	2%
Education					
Adult Basic Ed.	6%	6%	6%	7%	0%
Community College	18%	15%	15%	16%	0%
4-Year College	9%	16%	14%	9%	2%
Technical/Trade	13%	18%	23%	16%	2%
Independent Living					
Homemaker	7%	8%	10%	6%	4%
Place to live	25%	9%	11%	10%	2%
Personal Attendant	10%	5%	4%	4%	2%
Visiting Nurse	7%	2%	3%	2%	2%
24-hr Nursing Care	1%	2%	1%	2%	4%
Money Manage.	18%	9%	6%	3%	4%
Home Management	10%	6%	4%	3%	4%
Specialized Hsg.	12%	8%	15%	5%	8%
Self-Care Training	6%	5%	2%	3%	6%
Other					
Information	22%	36%	40%	36%	20%
Lawyer	4%	8%	11%	12%	8%
Advocate	18%	12%	15%	14%	4%
Child Care	4%	8%	4%	2%	2%
Support Group	12%	15%	16%	18%	2%
Friendship	22%	13%	12%	11%	6%
Job Transportation	32%	15%	14%	6%	4%
Other Transp.	28%	12%	13%	10%	4%
Case Manager	26%	14%	18%	22%	2%
Recreation/Leisure	37%	18%	17%	11%	8%
Self-Advocacy	15%	15%	16%	13%	6%

VRD Region

The unmet needs of respondents is consistent across regions. In general, within every region, respondents need:

Information about Technology
Help Finding Technology
Money for Technology
Opportunity to Try Technology
Training about Specific Technology

Help Finding a Job
Job Training
Information about Other Services
Career Planning
Dental Care
Higher Wages

Area	Region: Metro (N=178)	Valley (N=308)	Central/So. (N=212)	Eastern (N=63)
Assistive Technology				
Information	39%	30%	39%	40%
Help finding	40%	29%	43%	41%
Training	43%	26%	45%	38%
Opportunity to try	35%	28%	42%	33%
Support	16%	13%	21%	14%
Money to obtain	42%	31%	41%	38%
Communication	7%	6%	8%	5%
Hearing	12%	7%	8%	3%
Vision	10%	4%	7%	3%
Upper Body Dis.	16%	8%	15%	13%
Lower Body Dis.	13%	8%	13%	13%
Daily living needs	22%	12%	20%	17%
Leisure/recreation	20%	9%	17%	13%
Work technology	21%	14%	20%	13%
Health Care				
Physical check-ups	16%	18%	25%	22%
Dental check-ups	34%	27%	33%	29%
Eye care	20%	19%	20%	30%
Psychiatrist	7%	6%	6%	6%
Counseling	12%	11%	9%	13%
Medicine	14%	14%	17%	14%
Surgery	7%	5%	8%	3%
Diet	21%	15%	16%	21%
Physical Therapy	15%	13%	18%	19%
Speech Therapy	9%	3%	5%	0%
Occupat. Therapy	18%	9%	19%	16%

Percent of respondents who identified items as important unmet needs.

Rehabilitation Services				
Information	24%	15%	25%	29%
Career Planning	30%	39%	31%	29%
Job Training	34%	44%	38%	43%
Finding a Job	32%	46%	40%	43%
Modified Tools	19%	34%	16%	14%
Higher Wages	28%	20%	30%	35%
Job I Like More	23%	16%	24%	24%
Education				
Adult Basic Ed.	6%	5%	6%	6%
Community College	19%	11%	15%	17%
4-Year College	18%	9%	13%	16%
Technical/Trade	21%	12%	22%	32%
Independent Living				
Homemaker	10%	7%	11%	3%
Place to live	13%	7%	14%	14%
Personal Attendant	6%	2%	6%	2%
Visiting Nurse	3%	2%	5%	0%
24-hr Nursing Care	2%	1%	3%	0%
Money Manage.	10%	6%	6%	6%
Home Management	8%	4%	3%	8%
Specialized Hsg.	13%	6%	13%	10%
Self-Care Training	5%	3%	3%	3%
Other				
Information	43%	27%	41%	44%
Lawyer	15%	7%	12%	3%
Advocate	16%	9%	19%	11%
Child Care	6%	4%	6%	0%
Support Group	18%	13%	17%	11%
Friendship	15%	11%	12%	10%
Job Transportation	19%	7%	16%	19%
Other Transp.	18%	9%	10%	16%
Case Manager	16%	12%	20%	21%
Recreation/Leisure	20%	13%	18%	21%
Self-Advocacy	17%	13%	16%	17%

Transportation for people with disabilities and senior citizens is my budget agenda item. It is a big problem. We depend on public transportation because we have no cars. If money is the problem, what we really need is to look at alternatives. We need a better system in place.

Mike Allen.

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